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Early Doctor of Medicine and Doctor of Physic Dissertations with Corrected Tables of Contents

These manuscripts described as either an Inaugural Dissertation or an Inaugural Essay were presented to the University of Maryland for the Degree of Doctor of Medicine and/or Doctor of Physic during the years 1813-1872. The individual dissertations were bound together during the 1940's. The original tables of contents for the bound volumes contained multiple errors in authors' names, titles and/or years. To address these errors, an alphabetical "Corrected Table of Contents" has been inserted at the beginning of each volume.

The persons who investigated and corrected the tables of contents were: Richard J. Bohne, Director of Libraries/Preservation Officer; Maria Milagros Pinto, Metadata Management Librarian; Angela Cochrane and Carol Harling-Henry, Resources Division; Sarah Woods, Alan Schiller and Megan Wolff, Services Division.

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(CORRECTED TABLE OF CONTENTS)

UNIVERSITY OF MARYLAND

THESES

1884 (c)

Author	Title
Pressly, J. M.	Acute Rheumatism
Benson, J. Edward	Asthma
Hoover, F. Pierce	Clinical Cases
Warfield, Mactier	Arrest of Arterial Hemorrhage
Warfield, Ridgely B.	Carcinoma of Alimentary Canal with Cases
Temple, Rufus H.	Typhoid Fever
Shands, Aurelius R., Jr.	Syphilis
Dial, W. Hasting	Diphtheria
Cummings, John C.	Diphtheria
Henderson, R. B., Jr.	Malarial Fever
Mudd, J. T.	Regimen as an Aid to Therapeutics
Trimble, I. Ridgway	Laceration of the Cervix Uteri
Walter, Littleton T.	Bronchitis
Hemmeter, John C.	Experiments Concerning the Function of Certain Nerves
Sheibley, J. A.	Ether and Chloroform[1]

[1] Illegible due to binding error. No title page. Legal paper.

HSHSL 2012 for the UM Digital Archive. Sources consulted for corrections: Original Dissertation; University of Maryland Medical Faculty, Matriculation List, 1851-1892; Cordell, Eugene F. "University of Maryland, 1807-1907" (New York : The Lewis Publishing Company, 1907), Volume 2.

Author	Title
Hammer, Ludwig	Tuberculosis Pulmonum et Laryingis. Phthisis Tubercolosis[2]
Linthicum, John W.	Chronic Cervical Endometritis[3]
Hummel, Arthur L.	Indigestion

[2] Text in inner margin lost in binding process.
[3] Color floral stickers on title page and back of final page.

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UNIVERSITY OF MARYLAND

THESES

1884 (c)

essly ~~essby~~, J. M.	Acute Rheumatism	33p.
nson, J. E. Edward	Asthma	35p.
bover, J. R. F. Pierce	Clinical Cases[1]	10p.
arfield, ~~Mactier~~ Mactier	Arrest of Arterial Hemorrhage	17p.
arfield, R. B. Ridgely	Carcinoma of ~~the~~ Alimentary Canal with Cases	33p.
emple, R. H. Rufus	Typhoid Fever	27p.
hands, A. R. Jr. Aurelius	Syphilis	24p.
ial, W. H. Hasting	Diphtheria	24p.
ummings, J. C. John	Diphtheria[2]	24p.
enderson, R. B. Jr.	Malarial Fever	20p.
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emmeter, J. C. John	Experiments Concerning the Function of Certain Nerves[3]	30p.
heibley, J. A.	Ether and Chloroform	9p.
Hammer, Ludwig	Phthisis Tuberculosis et Laryngis	41p.
Linthicum, J. W.	Chronic Cervical Endometritis[4]	14p.
Hummel, A. L. Arthur	Indigestion	20p.

1 Title page calligraphy
2 Small paper
3 Noteworthy title calligraphy
4 Title page calligraphy. Color floral stickers on title and back of final page.

Thesis

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Acute Rheumatism

The term rheumatism (ῥευματισμός) is used to denote a constitutional disease characterized by certain local manifestations.

This disease is sometimes called "Rheumatic arthritis," as it involves the joints, & as they present the appearance of inflammation. The membrane lining the joints is inflamed, but rheumatic inflammation, in this condition, differs from ordinary inflammation, in that it very seldom

leads to the exudation of lymph, suppuration, &c. The production of new tissue, & the inflammatory condition of the connective tissue disappears in the course of a few days.

"Acute Articular Rheumatism" is a disease of adults, except in cases where the inflammation attacks some internal organ. Girls at puberty are liable to it in the joints & heart. It is usually caused by an effusion of fluid into

is to be found in the uterine cavity. In rare cases fibroids of fibrin have been discovered in the cavity. The epithelial membrane is thickened, the secreting glands appear. Fibrin in the blood, or the elements of fibrin, is decidedly increased in this disease. As the cause of this disease certain other organs are liable to become affected. The inflammation is generally seated in the peritoneum.

tissues to be formed by the pus-producing process. This is the same tissue formed that of the joints in, fact, it may give rise to ulceration of typus, & sometimes in severe cases to suppuration.

The disease generally begins suddenly & very often at night. In some cases there is fever, more or less marked, which precedes the local manifestations of a painful character from a few hours

to one or two days. The name "Rheumatic fever" The fever & local manifestations occur generally at the same time. Pain & soreness of the joints sometimes precede for a variable period, the development of the disease, which is always denoted by an effusion of pus into the joints. The local signs & symptoms are pain, increased heat, redness of the skin, swelling & tenderness on pressure. The pain differs in intensity in different persons, but as

a cure, it is not uncommon
as long as the parts affe-
-cted, are kept perfectly
quiet. Any of a cord is
sure to bring about
pain & in very severe
cases, the least jarring of
the bed or room will give
rise to great suffering.
Pressure over the joint
is painful. Swelling
is most apparent in the
joints not covered with
muscle, (viz) the knee, wrist,
elbow, ankle, & the smaller
joints of the hand & foot
It is less apparent in the

hip & shoulder, which is due, in part, to a rapid increase of liquid within the synovial cavity, & in part to the effusion into the surrounding structures. The redness is due to ecchymosis in the form of patches or zones which do not present well defined borders. The redness, like the swelling, is not apparent over the hip & shoulder, but only over joints comparatively superficial. The swelling & the redness are inconstant, proportionate to the

acuteness of the affection. In some cases several joints are affected either at the same time, or in quick succession; in others the affection is limited to a single joint for a greater or less period, but in the course of the disease, in most cases, various joints are successively affected. It is a peculiarity of the rheumatic inflammation to leave one or more joints suddenly, & to attack other joints. As the

effusion into about the joint bursae, & as, beside this, only a condition of hyperaemia is present, it is not surprising that such sudden transitions take place. Cases differ as regards the number of joints affected in the course of the disease; in some cases few or no joints escape, & in other cases, it remains limited to a few joints or even to a single joint.

The disease seems to pursue a certain order in its visits to the articulations first

Touching at the right-ankle joint, then flying over to the left, then the right knee is reached, afterward the left.

In the mildest cases, with few joints affected, & without complications, the fever is slight, consisting of an exacerbation developing toward evening, & entire freedom from any increased body-heat the rest of the time. In decided cases, however, there is fever, of a somewhat remittent type, the

exacerbation comes on in the afternoon. The maximum rarely exceeds 104° Fah. & the usual temperature is 100° to 101° in the morning & from a half to one degree higher in the afternoon. The range of the febrile heat is not uniform. The termination of the febrile movement is gradual & not by crisis. The rate of pulse is not nearly conformable to the temperature, because it is accelerated by other causes chiefly by pain. Mind

ing is a prominent symptom & occurs mostly at night. The sweat is acid in reaction, & the linen & person of the patient have a strong acid odor. It also contains urea, & the acidity is supposed to be due to lactic acid. As in other diseases characterized by profuse sweating, lividness appears on the skin. The secretion by the skin necessarily lessens the quantity of urinary water. The

urine is strongly acid in reaction, of a deep red color, & deposits a great quantity of urates & uric acid. The chlorides of the urine are diminished, the sulphates are increased. Albumen is present in the urine in small amount. The saliva becomes acid. The tongue is coated. The appetite is either lost or greatly impaired. Thirst is somewhat great.

The course of acute

rheumatism" is much influenced by complications. Endocarditis occurs in a considerable number of cases. It is not, however, as frequent as it was once supposed. The inflammation, as a rule, is limited to the valves, leaving the left cavities of the heart, and affects especially the portion of the membrane, situated upon the mitral valve. In a large proportion of the cases of rheumatic

lesions of the heart, and especially mitral lesions, their point of departure is rheumatic endocarditis. Pericarditis occurs less frequently. As a rule, when pericarditis becomes developed, endocarditis coexists. The inflammation of the endocardium & pericardium sometimes appear first, the joint affection appearing subsequently. Youth predisposes to cardiac complications, the younger the patient, the greater the risk of his heart becom-

-ing affected. The structures of the heart are liable to be involved at any period during the course of the disease, but they are more liable, at the early & middle period. Comparatively rare exceptions are bronchitis & pneumonia the former occurring more frequently. Pleurisy is still more common, because induced by contiguity of tissues & hence of the left side & lifting, although it may be double. These

complicating diseases differ in no material way from the same idiopathic affections. Meningitis has rarely occurred, I doubt less, of the cases reported, most of them are examples of cerebro-spinal meningitis.

The duration of the disease, is materially affected by the complications, by the treatment, & by the number of joints affected. If more than six joints

are visited, the duration of the acute symptoms will not be less than two or three weeks; & if a dozen joints are affected, one after the other, the duration will be scarcely less than six weeks. The Pathological character is slight, as compared with the apparent extent of the mischief. The synovial membrane is injected more or less deeply, & are highly vascular. The membrane

has lost its pearly appearance, & is cloudy & granular. The synovial fluid is increased in amount, & is changed in character. Instead of being a transparent, viscid fluid, it is thin, watery, reddish from extravasated blood, muddy from the presence of a few corpuscles. There is never any considerable amount of blood present in the fluid, except in cases of hæmorrhagic diathesis

The morbid principle in the blood is supposed to be lactic acid, & that this material or morbid circulating with the blood, acts upon certain parts, & gives rise to the local manifestations of the disease.

The causes of this are predisposing & exciting but, a special predisposition is necessary, or rather the disease involves a hereditary diathesis. This predisposition may be

congenital & inherited, or it may be acquired. Protracted stay in damp apartments, lying between damp sheets all night, exposure of the body to cold & wet when in a heated & perspiring condition, are grievous causes of attacks, the predisposition already existing. The seasons of greatest prevalence are winter & spring, & the occupations most favorable are those in which there is the most

frequent exposure to inclement weather it is a disease of frequent occurrence in all climates within the temperate zone, but is comparatively rare in tropical & frigid latitudes.

A well developed acute rheumatism can hardly be mistaken for any other disease, but there may be difficulty in differentiating it from pyaemia, rheumatoid arthritis, acute gout,

urethral rheumatism, & hysterical joint. Pyæmia differs from it in the type of fever, the periodical sweats, the jaundice, the prostration & the suppuration and disorganization of joints. Acute rheumatoid arthritis is stationary, & is free from the constitutional disturbance, from sweats, & from cardiac lesions. From acute general gout it is distinguished by the fever, the sweats & cardiac trouble.

Urethral rheumatism attacks one joint, the ankle or wrist, most usually, does not migrate, is slow to recover, there is no fever, & is coincident with a urethral discharge. Hysterical is without swelling or change of temperature, is extremely sensitive, when the attention is fixed on it, & can be handled roughly when the attention is directed to other objects, & is accompanied with other

hysterical manifesta-
tions.

Opinions have been,
& are still greatly divi-
ded as to the best treat-
ment of this disease.
The most commonly
adopted treatment at
present is the "Alkaline
Treatment". Recoveries
under this treatment
have taken place many
times, within a week,
where the symptoms have
indicated a long attack
The bicarbonate of potas
-sa. The bicarbonate of

soda, & the tartrate of potassa & soda. Two drachms of bicarbonate of potassium, given in a state of effervescence by means of an ounce of lemon-juice, or a half drachm of citric acid, in four ounces of water, every three or four hours. If the bowels are torpid, as is usual, two compound cathartic pills may be given. If the urine no longer exhibits an acid reaction

after twenty-four to thirty six hours, the quantity of alkali is diminished one-half & if the urine continues alkaline at the end of another twenty-four hours, three drachms in twenty four will do; & on the fourth day, if the alkalinity of the urine continues, a tonic may be added to the alkali, consisting of three grains of quinia, with a half-drachm of bicarbonate of potassium, three times

a day. The diet should be restricted, to milk, beef tea, or broths, barley water, &c solid food ought not to be given, until the tongue is clean, & convalescence is established. To secure as quickly as possible protection against cardiac affections, the alkali selected should be given at once, & in large doses. This treatment is particularly applicable to the obese, florid &

drinkers of malt liquors". Another plan of treatment for "acute rheumatism" is by salicin & salicylic acid. Either remedy to be effective must be given in large doses, but in proportion to the symptoms. Salicin should be given in the doses of from twenty five to thirty grains, repeated every two hours, & in very severe cases, even hourly. These doses are to be continued, until pain is relieved, & the tempera-

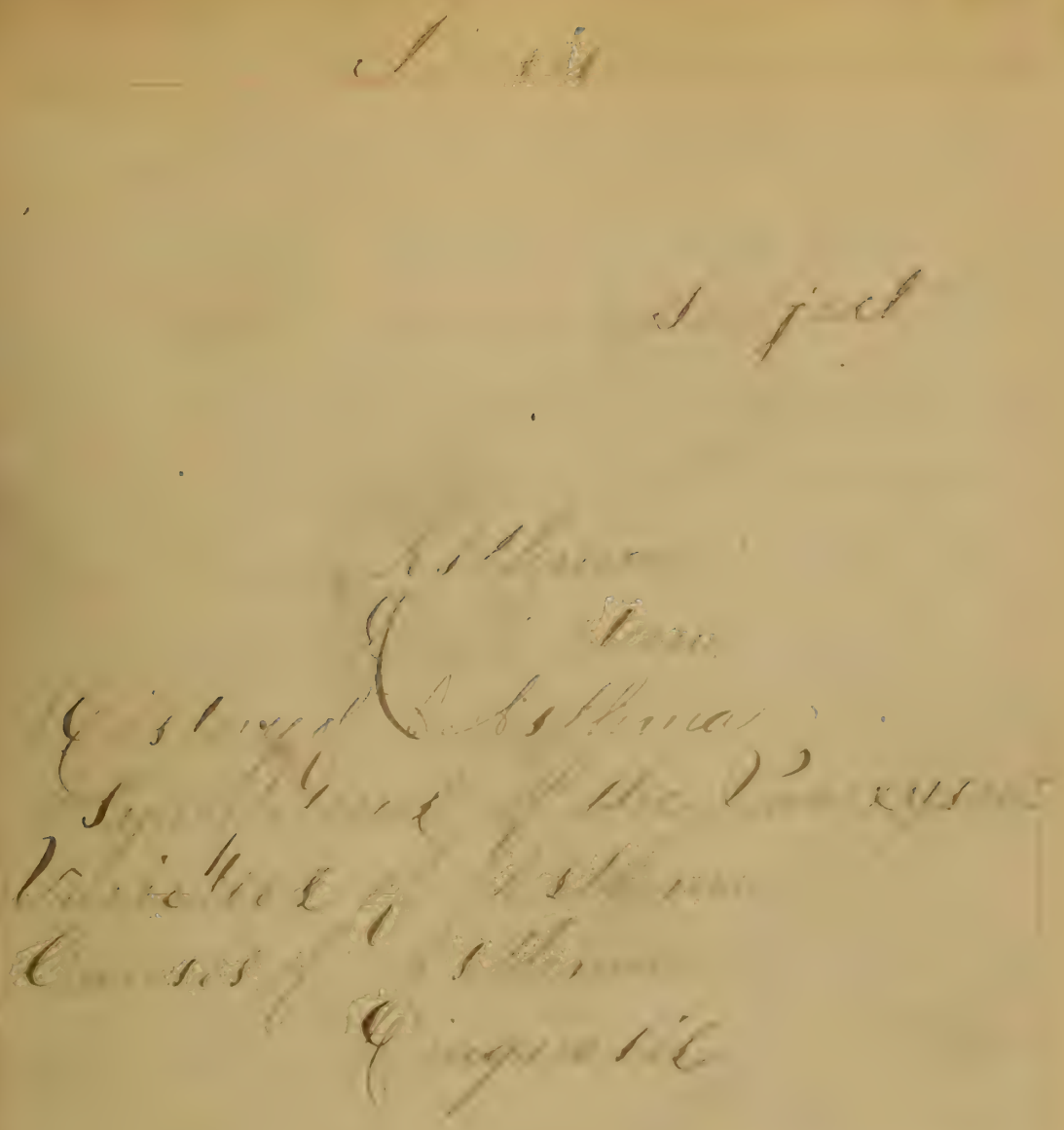
ture diminished. This result generally follows in from twenty four to forty-eight hours. The doses should be gradually diminished for a week or longer. Large doses, however, are to be resumed, whenever fever & acute arthritic symptoms return. The salicylic acid is usually given in the form of salicylate of soda, the dose being a scruple or more, repeated every two, three, or four hours,

according to the symptoms. In these doses, it is apt to irritate the Throat & stomach; it has in some cases, produced alarming toxical effects & even death. These facts render salicin preferable. This mode of treatment does not conflict with that by alkalies. & hence, the two modes may be combined. In the pale, feeble, & anæmic young subjects, attacked with acute rheumatism, alkalies are as a rule less

depressing, & are followed by a tedious & protracted convalescence. In this class of cases, a valuable resource is had, in the tincture of chloride of iron, when given in large doses & half drachm of the tincture to six ounces of water taken through a glass tube every four hours. It seems to act as a prophylactic against the disease when an attack is impending.

Another ... Mod of

treatment is by "flying blisters", that is, the successive application of blisters to different affected parts. It relieves pain remarkably. It is said to change the reaction of the urine, from acid, to neutral, or alkaline. It prevent complications. With blisters may be combined the excellences of the other plans of treatment. Thus far, I have given the most important treatment.



Asthma may be defined as dyspnoea of a peculiar urgency and intensity, generally brought on by exertion, often periodic, and usually attended by cough or expectoration, more frequent usually by day than night, and compatible with any, and healthy, condition in the intervals of the attacks.

The history of asthma is [illegible] [illegible] and the history of the [illegible] and the [illegible] history of the [illegible]

Before the attack takes place it is not at all uncommon for the asthmatic to be aware that [illegible] premonitory symptoms which have appeared [illegible]

hire furniture, and of which it has given him the [illegible] indigestion. It is however, more common for this to be an [illegible] symptom, it is for [illegible] of the attack to be the only [illegible] of the [illegible] [illegible] to occur they are [illegible] responsible for the [illegible] system, as for example [illegible] buoyancy of spirits and mental [illegible] depression, [illegible], and irresistible sleepiness. [illegible] any common [illegible] [illegible] disease the patient

[illegible] [illegible] [illegible]
the author is [illegible] [illegible]
of [illegible] [illegible] [illegible], [illegible]
as [illegible] as [illegible] [illegible] [illegible]
in fact, with what [illegible]called
nervous [illegible] or hysterical [illegible].
As a rule however, as has
been mentioned, the patient
has no wandering, no signs
whatever of [illegible] [illegible], and
that is one of the [illegible]
features of [illegible] and [illegible]
facts is it that uncertainty
[illegible] [illegible] [illegible]
which [illegible] it so [illegible]
-ing a disease and we
are [illegible] of the [illegible]
[illegible] of [illegible] and the [illegible]

of an active career, it always threatens, because it [illegible] threatens, very more, from the time at which it is most apt to recur — the [illegible] of [illegible] — the husband — has not — [illegible] the [illegible] of [illegible] — long [illegible] [illegible] through [illegible] till [illegible] [illegible] to find himself with the attack [illegible] [illegible] the [illegible] to [illegible] [illegible] [illegible] return to consciousness may not be among the full [illegible] [illegible] [illegible] [illegible] the struggle, the [illegible] [illegible] [illegible] [illegible]

themselves by day or night, consists in a faint development of the characteristic appearances of a fever, a slight cough constantly [illegible] the chest, a short dry cough, a tendency to weakness, and an indisposition to exertion. The attendant friends notice that he [illegible] and with less difficulty than usual, but the complaints of the patient listlessness [illegible] the path [illegible] the exertion greater than usual, so that he [illegible] to give himself ease and repose. This [illegible]

sensation the circumference of the chest is really considerably increased, and the further [illegible] effect of a [illegible] of the thorax [illegible]. In health and many [illegible] there is a large development of [illegible] the commencement of the asthmatic paroxysm; but in the great majority of the instances this, — increased girth of the chest and abdomen is hardly due to that enlargement of the cavity of the chest which always accompanies the asthmatic fit, but is [illegible].

and inland [illegible] the parts
of the chest by the elevation
of the ribs, and abdomen by
the depression of the diaphragm.
These inspiratory expirations
may last for several days,
and then culminate in one
attack, the latest stage
about complaining of increasing
tension of constricted pain at
the chest in spasm, hampered
breath, and in great and
greater incapacity for exertion.
At this time the attack is
at once so fully developed,
that it can hardly be said
to have any initiatory symptoms
at all, other than those of

[illegible] the [illegible]
of the [illegible] is very characteristic.
He sets up a [illegible]
[illegible] to move gracefully leaning
forward with his hands
on [illegible] or something
on [illegible] of [illegible] his shoulders
sometimes he stands leaning
over some piece of furniture, and
finding this position [illegible]
[illegible] [illegible] up in the
leaning over the [illegible] of a
[illegible] on the floor upon
a [illegible] or chair [illegible]
and the [illegible] position.
He is [illegible], or of very
dark, dusky or complexion, the
[illegible] are [illegible] the head

rounded, and the sweats often
force off the [illegible]
of the respiratory efforts.
These efforts are so great
that the body is quite con-
-vulsed by them, the shoulders
are thrown up, the head
thrown back, and the mouth
opened at each inspiration;
and all the muscles sub-
-ordinate to respiration connected
with the chest thrown into
violent action. The patient
cannot bear anything tight
around his body, all his
clothes must be loosened
all curtains drawn around
him seem to increase his

[illegible] of suffocation, and he
[illegible] and [illegible] by an effort
[illegible] the whole night
on the oldest matter of
great as the stone he
feels on; he feels as if
death were [illegible] of
of his chest were bound
with iron, and as if the
only thing that would
give him relief would
be to cut it open. The
extremities are often cold
especially the lower extremities,
although the perspiration
may be running from the
face at the same time;
the pulse is small and quick.

[illegible] to the [illegible]
chest. [illegible] [illegible]
[illegible] [illegible] [illegible] of
high pitch, and [illegible]
sibilant; among these is
also often heard sonorous
rhonchus. These sounds are multitudinous, of all pitch, and
utterly discordant squeaking,
chirping, mewing, whistling,
cooing, humming and fifty other
sounds. They are almost
invariably louder at expiration, and sometimes confined
to it. The special sounds
of asthma are of these
dry character, necessarily
however, moist rales are

heard either from the Asthma being complicated with bronchitis, or from the chest approaching to the miliaire when [illegible] being formed out. But there is one auscultatory phenomenon in Asthma, which although negative in its character and apt to be overlooked, is far more important and significant than those noisy manifestations of bronchial stricture; it is the almost complete, or total absence of the respiratory murmur. This is not only based because

it is heard by other sounds, but [illegible] not really for the lungs are absent; for even when the musical sounds are absent, as they are sometimes, the respiratory murmur is equally defective. The reason of this absence of respiratory murmur is that the bronchial spasm prevents the air reaching the recesses of the lungs in sufficient quantity to generate it. The more severe the [illegible] the more [illegible] the [illegible] of the respiratory [illegible]

or sonorous, but the physical yields than the normal respiratory sounds are audible. Percussion during a paroxysm of asthma, is always exaggeratedly resonant in this, the chest distension, and the loss of respiratory movement, the condition has a striking resemblance to emphysema; in one respect, however, beside the temporary duration of these signs, there is a marked contrast; in emphysema, the subcostal spaces are not depressed, nor are they emphasized, as such as asthma they

are drawn in to an extraordinary degree, and not only the intercostal, but all yielding parts, and giving a hollow contiguous to the chest cavity, as the supra-clavicular fossa, and the epigastric cordis

Such is the history of an asthmatic paroxysm. But besides the features of a paroxysm, there are certain points in the history of the disease that deserve notice. Of these I will especially advert to three:- First, the periodicity that

of [illegible] as frequently [illegible]; secondly, the [illegible] of fetus that have [illegible] in many cases; and thirdly, the influence which sex and age appear to exercise on the liability to the disorder.

Periodicity. That [illegible] is markedly so, no one who has watched it can doubt; although we have instances where it appears to be no [illegible] without it [illegible] the attacks [illegible] at a [illegible], yet in the majority of cases it appeared as well marked.

[illegible]

and singularly regular.

[illegible]

the, that [illegible] for

[illegible] a place among

the [illegible]. But while

each case preserves its own

peculiarity with more or

less regularity, there is no

[illegible] for [illegible]

[illegible]; for which we can [illegible]

the attack will recur once

a month, or [illegible]

a year. So regular [illegible] the

time of recurrence in some

cases, that the [illegible]

knows exactly when to

[illegible] attack.

A change of life by [illegible]
it is not [illegible] all [illegible]
to [illegible] the [illegible] of a
case change considerably
as time advances, and
ultimately differ very much
from what they were at
first. But there is a
certain type of change that
commonly obtains, so that
it is possible, on very [illegible]
case to predict what the
effect of time will probably
be. As a rule, the disease
is most violent in the
early history of a case,
and gradually becomes
less and less severe. It is

[illegible] for [illegible]
it [illegible]. I [illegible] these
[illegible]ful attacks now, that
I used to have, they seem
to have quite left me. But
while the attacks [illegible] are
milder they often become
more frequent, so that a
monthly periodicity [illegible]
[illegible] changed for a weekly
or diurnal one. At the
same time, another change
is generally going on, — the
[illegible] on the [illegible]
is getting less and less frequent
certain other organic changes
are gradually being impressed
on the lungs by the repetition

of the attacks by noticed
that forehead becomes
increasingly congested; so that
while at first the attacks
are severe and distant, and
the breathing is the natural
like that of a healthy person
after a time the paroxysms
become so slight and frequent
and the breathing so much
impeded, even at the beginning that
there was hardly time enough
to see any distinct attacks
and the disease has ceased
to be paroxysmal.

Age and Sex. — It is a
commonly received opinion
that asthma is a disease

[illegible] nothing
can be more erroneous. It
is contrary [illegible] age,
and is [illegible] [illegible]
[illegible] liability [illegible] diseases
of old age. [illegible] [illegible]
the history of many cases
you will find, that a larger
number of cases take their
origin in the first two
years of life than in any
subsequent equal period.
During youth from two to
twenty five cases originate,
but from that time up to
fifty, the subsequent tendency
regularly increases. [illegible] that
time [illegible] [illegible]

[illegible] this [illegible], no doubt, many old persons are asthmatic; but that is simply because many asthmatic people live to age. It must be borne in mind, too, that with respect to the length the word "asthma" is very loosely used; there [illegible] of the "asthma" of old persons [illegible] due to chronic bronchitis. Men are liable to asthma in the relative of two to one of women.

Varieties of Asthma.

All cases of asthma fall, [illegible] three

main divisions - Idiopathic or Primary, and Sympathetic or Secondary.

Idiopathic Ostia is the inherent and essential form of the disease that occurs independent of and unassociated with any other affection. The first mentioned is most typical, and characteristic cases and I may add the most severe are of this kind. In these cases are generally put constitutions, strongly marked by perfect freedom of breathing, and the attacks by a regular periodicity.

most examples of asthma
are the sequelæ of the
idiopathic form.

A proportionate [illegible] of
asthma may be ascribed
to three morbid states
bronchitis and catarrh
that is to say, asthma
may have its origin in
chronic inflammatory
inflammation of the
bronchial mucous
membrane, such as bronchitis
disease. Each of these
has its distinguishing characters of
itself, depending generally
the nature of the cause.
Hence [illegible] asthma

[illegible] to [illegible] in
the [illegible] [illegible] the [illegible]
food. [illegible] may be [illegible]
regulated by [illegible] [illegible]-
brought on at any time,
or kept off [illegible]
at pleasure — according to
what is eaten, and when.
It is [illegible] [illegible]-
-dent of the [illegible] [illegible]
[illegible] [illegible] of [illegible]
and is (through the stomach)
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

varieties by certain writ-
ers but this not what is
only caused by the causes
of bronchitis, especially cold.

The third variety, but
common of all is the
cardiac asthma, or asthma
complicating heart cases
and depending on heart disease.
It great fault that prob-
ably the name of Cardiac
Asthma is not asthma at
all; it is simply cardiac
dyspnoea, unattended with
any bronchial spasm, over
and that, however a heart
case is met with an attack of
the dyspnoea of the true asthma

occur [illegible] on the inhaling, prolonged expiration, and the characteristic signs of asthma. On these cases, I have no doubt that the immediate exciting cause of the asthma is the pulmonary congestion produced by the heart disease.

Causes of Asthma. —

The causes of asthma may be divided into two classes — those affecting the air-tubes, themselves, directly, and those affected at a remote part. Of those that are brought to bear directly upon the air-tubes there are three kinds: First

[illegible]

[illegible] of [illegible]

[illegible], [illegible] inflamed

condition of the mucous

membrane of the air tubes.

There is [illegible] variety

of materials which, when

inspired [illegible] [illegible]

those possessing the

asthmatic tendency, and

they produce it no doubt

by the irritation of that

morbid sensitiveness of the

bronchial mucous membrane

in which the asthma in

these cases essentially

exists, some of these materials

are such as well known

a certain amount of
asthma on many, light,
such as the smell of a
heifer, smoke, hitch, smoke,
pungent vapour; from the
[illegible] asthmatic by dust
done by fog and damp.
Particular smells will af-
fect [illegible] Asthma —
some people, such as that
of flowers and fog [illegible],
[illegible] [illegible]
[illegible] [illegible] that is hay-
the form of Asthma [illegible]
well known as, Hay Asthma
and a part of that [illegible]
disease Hay fever, in some
people annual, [illegible]

the same effect, and often the presence of a cat or rabbit will bring on an asthmatic attack, some cannot go near a stable, or even ride behind a horse, or go near those who have been riding horses.

As a rule dry air is worse for asthma than a rather moist one, the air, if a high locality than in low.

Diagnosis of Asthma.—It is of the utmost importance to be able to recognize asthma with certainty because there are several diseases with which it

might be, and often is, confounded with the breathing of other diseases, and of [illegible] of the most opposite kind.

The three forms of dyspnœa with which asthma is apt to be confounded are bronchitis, emphysema, and heart disease.

From bronchitis, asthma may be distinguished by its sudden access, and often speedy subsidence, by the absence of a [illegible] cough, and frequently by the absence of expectoration.

[illegible] of [illegible]
[illegible] [illegible]
[illegible] [illegible] it is of a different
kind; in bronchitis it
is often paroxysmal, as
[illegible] asthma [illegible]
From emphysema asthma
may be distinguished by
the paroxysmal character
of the dyspnoea, by
its violence, and by the
absence of any dyspnoea
between [illegible] the [illegible]
the emphysema, the cause
of the difficulty of
breathing is organic
and mechanical, and there-
fore, dyspnoea is [illegible]

completely absent, and varies in amount only in proportion to the degree to which inflammation is present. The presence or absence of the physical signs of consolidation with other of course, constantly aid the diagnosis.

The disease that rather is the most apt to be confounded with, and which at most resembles, is that of fibroid phthisis. The two resemble one another in that they are both fibroid, both intense, both apt to occur at apex, both

compatible with organic
[illegible] of [illegible], and
both intolerant, though
not exactly in the same,
i the recondite position
of creation, and of [illegible],
however in both of these
the respiration may be
perfectly normal before the
attacks. In [illegible] [illegible]
there is generally an [illegible]
of the characteristic signs
of suffocation of the [illegible]
lobes, sometimes heard
on [illegible], such as [illegible]
[illegible] expiration, suppression
of the [illegible] [illegible]
the length of the attacks.

ts, is different, the usual
[illegible] being [illegible]
longer than the time
[illegible] by an attack of
cardiac dyspnoea.

Hoping this
Thesis will meet with
[illegible] approbation.

I remain
Respectfully Your
[illegible]

J. Edward B[illegible]
Cockeysville Baltimore Co. Md.
Maryland

Dec. [illegible]

Thesis.

J. Pierce Hovvet

University of Maryland

1884.

Cases under my observation at University of Maryland.

Case No I

Thomas D. Age 23. White man. Laborer.

History. Has no pain, has good appetite, sleeps well.

Inspection. Clavicles prominent, especially the left. Restricted movements of chest, more so on L. side. Heart's impulse not visible.

Palpation. Heart weak. Right Ventricular beat noticeable under Cuirform cartilage. Vocal fremitus most marked on L. side.

Percussion. Slight dullness in R. Clavicular region. Increased resonance in L. infra Clavicular region.

Auscultation. Bronchophony at both apices, more marked at R. Apex.

Diagnosis. Phthisis with slight consolidation at Apex of both Lungs, with some Emphysema the latter causing Heart symptoms.

Prognosis. Favorable.

Treatment. ℞. Acetate Ammonia Vini ℥ iv
Iodide Potash ℥ j ss.
Sig. ʒ ij t. d.

Treatment. Tinc Cinchona Co, taken before meals.
Good food. Quinine. Cod Liver Oil &c.

Case No II

E. C. ae 27 yrs. Colored man. Waiter.

History. Has had cough nearly all his life, but has been worse during last three yrs, with tightness on breast. Expectoration white.

Inspection. Chest movements normal. Heart's impulse scarcely perceptible.

Palpation. Vocal fremitus normal.

Percussion. Resonance somewhat increased in right infra-clavicular region.

Auscultation. Slight tubular breathing at apex of R. lung

Diagnosis. Bronchitis, with nasal Pharyngitis.

Treatment. ℞. Sulph Zinc ʒ ss
Carbolic Acid ʒ ss
Vaseline ℥ j M.

Inj. Douche up nose every night.

Case No III

J. G. ae 39. White man.

History. Shortness of breath every fall, with pain in breast and cough. Up at night with difficult breathing. Formerly worked in a Rolling Mill.

Inspection. Chest movements much restrained. Heart's impulse somewhat diffused, most visible below sternum, about 2 inches below nipple, i.e. in median line.

Palpation. Vocal fremitus about normal.

Percussion. Resonance increased over R. lung, and greater resistance.

Auscultation. Sonorous rales in both apices, much marked on L, indistinct & infrequent on R. Also over entire Left lung & heard on back also.

Heart beats three times instead of two, rapid & irregular.

Diagnosis. Asthma and Dilatation of R. Ventricle of Heart. Slight Emphysema.

Treatment. ℞. Ammonia Muriat ℥j

Iodide Potash ℥ij

Tinc. Cinchona Co. ℥iij

Prunus Virginiana Syr. ℥j M.

Sig. Two teaspoonfuls t. d. For asthma with Emphysema.

Case No IV

B. S. ae 25. White man.

History. Was sick for seven wks. Spit blood three weeks previous, after a paroxysm of coughing. Has lost great deal of flesh. Sweats at night.

Inspection. Movements of chest normal. Impulse not visible. Heart diffused, & most visible in Epigastrium.

Palpation. Vocal fremitus normal. R. Ventricle felt in Epigastric region.

Percussion. Slightly impaired resonance on R. side from fourth rib to Apex.

Auscultation. Vocal resonance increased at R. Apex, with slight tubular breathing.

Diagnosis. Phthisis, in consolidation stage.

Treatment. Codia grs ½ with Syr Wild Cherry for cough. Aromatic Sulph. Acid Dil, gtts x-xx. Sulph Atropia, commencing with 1/100 gr doses. These two grs a for sweats.

Case No V

F. T. G. ae 25. White man. Stone cutter.

History. Sharp cutting pain on L. side. Has had Rheumatism. Has peculiar feelings in Heart. Is strong and muscular. Has not lost any flesh. Appetite good.

Inspection. Heart's impulse normal. Chest movements regular.

Auscultation. Soft bellows murmur, an abnormal sound, only heard at Apex of Heart.

Diagnosis. Insufficiency of Mitral Orifice. Mitral Regurgitation.

Prognosis. Not unfavorable. When the insufficiency of valves is great, then the Hy hypertrophy is great also.

Treatment. ℞ Arsenate of Iron gr. 1/12
Quinine gr ¼ - M for Dose No 12

Case No VI

Mary D. Age 19. Colored girl.

History. Has had cough about three mos. Pain on R. side. Expectorates great deal of phlegm. Has lost much flesh, & has fever in eve, does not sweat at night.

Inspection. Movements of chest slightly restrained. Slight prominence of Clavicles. Chest about normal.

Percussion. Slight dullness in Right infra Clavicular region.

Palpation. Normal vocal fremitus in back, most marked on Right side.

Auscultation. Vocal resonance normal. Sonorous rales more marked on R. side.

Diagnosis. Slight consolidation in R. lung, and Bronchitis.

Treatment. Cod liver oil, dessertspoonful after meals. Quinine. Tinc Cinchona Co, taken before meals.

Case No VII

J. C. R. Ae 50. White Man

History. None of any consequence.

Palpation. Excessive pulsations in neck, especially on R. side, & this excess seems to extend over the whole body. Bulging in neck is hard.

Percussion. Dullness extending down under Sternum. Sound on R. side is feeble, on L. normal. There is a rasping blowing sound on R. side, below the third & fourth ribs you dont notice it.

Auscultation. A murmur on R. side during Systole.

Diagnosis. Aneurism of the Innominata, owing to degeneration of the muscular coats of the Arteries. Atheromatous Degeneration.

Prognosis. Unfavorable.

Treatment. Large doses of Iodide Potassium, beginning with grs x t.d. & extending to grs xxx.

Case No VIII

F. T. H. æt 35. White man. Butcher.

History. Sick four weeks. Tightness on L. breast.

Spits more at night, sometimes spits a little blood.
Has lost flesh. Sweats at night. Can not walk fast.
Inspection. Chest well developed, & movements slightly restrained, more on L than R side.
Vocal fremitus more marked on R side.
Palpation. Heart feeble, impulse somewhat diffused.
Percussion. Heart's dullness increased. Below resonance diminished over R lung, resistance is greater also.
Auscultation. Vocal resonance much increased on R side, and some tubular breathing, with some prolonged Expiration.
Diagnosis. Slight deposit at R apex.
Treatment. Hygienic measures to prevent growth of trouble. Kidneys kept active. Bowels regular &c.

Case No IX

M. E. æ 43. White man. Laborer.
History. Has had cough and shortness of breath

for five or six years, but a great deal worse past two wks. Lost about ten lbs flesh past two yrs. Right shoulder much lower than left.

Inspection. Chest movements restrained. Heart weak. Decided depression under clavicles on R. side. Chest a little flat.

Palpation. Vocal fremitus exaggerated, little more on R. side than L. Heart not very strong.

Percussion. Dulness most marked on R. side at apex.

Auscultation. Vocal resonance much exaggerated at both apices, more on R. side and also at angle of Scapula behind. Bronchial breathing especially at R. apex. Sonorous rales at R. apex, & also on back.

Diagnosis. Asthma and Dilatation of Heart with consolidation at R. apex.

Treatment. ℞ Liquor Ammonia Mix ℥ ii
Sodae Potassa ℥ ij
M. & ℥ ij t. d.

Case No X

Geo. B. ae 45 White man. Brewer.

History Has had shortness of breath. Lost flesh. Had Typhoid fever about 17 yrs ago. Reduced from 285 to 250 lbs.

Inspection. Chest movements normal.

Palpation. Hearts impulse weak at Apex, normal at Base.

Percussion. Increased area of dulness, more marked at lower end of Sternum to Xiphoid Appendix.

Auscultation. Systolic murmur at Mitral Orifice.

Sounds of Heart dull & almost inaudible. Weak Pulse and very irregular. Cheyne-Stokes respiration.

Diagnosis. Fatty Degeneration of Heart.

Prognosis. Very unfavorable.

Treatment. Cod liver oil. Iron. Digitalis.

The Arrest of Arterial Hemorrhage.

Martin Coxfield

Feb. 1884

The Arrest of Arterial Hemorrhage.

The spontaneous arrest of hemorrhage from a divided artery is effected by a considerable number of distinct agencies.

1st The contraction of the artery by which the orifice is closed completely or very much diminished in size.

2nd The retraction of the ends of the severed artery within the sheath. The internal surface of the sheath is left uneven by the laceration and stretching of the fibres which connect it with the artery. Within these fibres the blood is entangled and a

foundation is laid for the formation of a coagulum at the mouth of the artery, which is completed by the blood as it passes through the canal of the sheath adhering and coagulating until it effectually fills it up. The obstruction to hemorrhage from the effusion of blood into the surrounding tissues and its coagulation there, together with the diminished force and velocity of the circulation contribute to this important event. This coagulum formed at the mouth of the artery and within its sheath appears like a continuation of the artery and is the first

complete barrier to the effusion of blood. It is called the external coagulum.

3d The diminished force of the hearts action due to collapse of the patient, powerfully contributes to the suppression of hemorrhage, when a large artery, such as the axillary or femoral, is cut

4th Internal Coagulum.

The mouth of the artery being no longer pervious to the blood and there being no collateral branch near a coagulum is formed within the artery, the internal coagulum. It is of the greatest importance

in the permanent arrest of hemorrhage. A few hours after division of an artery there is thrown out within and without the vessel lymph, which finally becomes vascularized, and at the same time the artery contracts firmly on the internal coagulum. The canal of the artery is thus obliterated and the extremity, transformed as far as the first collateral branch into a dense fibro cellular cord, blends with the surrounding parts. The same changes are observed in the inferior portion of the artery except that the external coagulum is smaller and the internal coagulum is often

wanting.

There is much less bleeding when an artery is torn across, as happens when a limb is torn from the body by machinery, than from a simple incised wound, from the fact that the internal and middle coats of the artery are broken off short, while the external coat and sheath are drawn forward and twisted over the torn end of the artery so as to form a lodgment for the coagulum. Hemorrhage is more likely to cease spontaneously when the artery is completely than when partially severed, in the

latter case the muscular coat contracting causes the wound to gape open and the size of the orifice is increased. Moreover the artery can not retract within its sheath and as the blood continues to flow past the orifice the external coagulum can not be formed. A longitudinal or slightly oblique wound of an artery is more apt to unite than a transverse one.

The means employed by the surgeon for the suppression of hemorrhage from arteries have for their object the imitation or hastening of the natural process, and are

by increasing the retraction and contraction of the arterial coats, by forming an artificial coagulum and by exciting adhesive inflammation in and around the vessel.

For the temporary control of hemorrhage, as during an operation, pressure by the hand, the elastic bandage or the tourniquet, may be advantageously employed. In vessels of small size and completely divided pressure will often permanently arrest the bleeding. Bleeding from any artery, on which the surgeon can lay his finger, can be controlled by digital

pressure or the artery may be seized between the finger and thumb.

The different means employed for the permanent arrest of hemorrhage are, the application of cold or heat; styptics; the actual cautery; torsion; ligature; and acupressure.

1 The application of cold or heat by allowing a stream of hot or cold water to run over the wound is sufficient to arrest the general oozing of arterial blood always seen on a cut surface. The use of ice in cases of bleeding into the mouth rectum or vagina is often successful

2. Styptics act by assisting contraction of the vessels, and by making a firm clot. They should never be used for the arrest of hemorrhage from large arteries or in profuse secondary hemorrhage unless the ligature has failed or cannot be applied with safety to the patient.

3. The actual cautery is employed in secondary hemorrhage when there is sloughing and the coats of the artery are too weak to hold a ligature.

4. Torsion of cut arteries for arrest of hemorrhage is practiced by seizing the artery, and twisting

it several times; by this process the artery is placed in the condition of one that is lacerated. The internal and middle coats are retracted and the external coat is twisted into a kind of screw beyond them. A coagulum then forms within the vessel blocking up its extremity. By this method the largest arteries may be occluded without danger from secondary hemorrhage. The twisted ends of the artery, however, form a foreign body in the wound which is an obstacle to union by the first intention, and in such a case the torsion has

no advantage over the ligature. In small arteries, on the other hand, the same injury is not inflicted on their free ends as moderate twisting will be sufficient to stop the bleeding, and therefore, when direct union is of great importance, torsion is to be preferred to ligature.

5th. Ligature.

The immediate effects of a ligature properly applied are the division of the internal and middle coats of the artery and the constriction of the external one. The inflammatory action is thus set up to which

the coats of the vessel which is sufficient to occlude its orifice and a clot forms on the proximal side of the ligature.

The ligature is the most reliable means for arresting hemorrhage and the one commonly employed by surgeons. It is applied to a divided vessel in an open wound by seizing the mouth of the artery with a pair of forceps and drawing it forward. When an artery has to be ligatured in its continuity, it has to be exposed by careful dissection and the ligature passed underneath the vessel

by means of an aneurism needle. The ligature should then be tied tightly and both ends left hanging out of the wound. The material used for ligatures are dentist silk, well waxed, cat gut or silver wire. The advantage claimed for silver wire over other substances is that, when immersed in decomposing discharges it does not become soaked with them and thus become a source of irritation to the wound. Lister in connection with his antiseptic method uses catgut ligatures soaked in carbolised oil. These ligatures dissolve in the wound.

are absorbed and, therefore are no obstacle to direct union.

There are three situations where ligatures are applied; in the wound, to the injured vessel on each side of the lesion in its walls; to the proximal portion of artery before it reaches the wound but near to it; to main arterial trunk at a point remote from the wound.

Whenever the operation is practicable the ligature should be applied to wounded vessel at the place of injury. Thus when an important vessel is

wounded in its continuity a ligature should be applied to the vessel on each side of wound if there is a bleeding orifice in its walls or one to each end if it is severed. If the proximal ligature only is employed hemorrhage from the distal orifice is sure to occur whenever the collateral circulation is set up. If the wounded artery is not accessible at place of injury, for the purpose of tying it, as the internal maxillary by penetrating wound of face, or internal iliac in penetrating wounds of pelvis, the main trunk

should be secured by a ligature as near the injured part as possible. Ligation of the main arterial trunk at a point remote from the wound is to be done, when there is secondary hemorrhage after an amputation done close to the trunk and when the union between the flaps continues sound and firm, or where on account of the sloughy condition of the tissues the bleeding vessels in the stump will not hold a ligature.

In primary hemorrhage it is the rule not to interfere by operation unless

the bleeding is actually continuing in secondary hemorrhage there must be no delay. If hemorrhage come on a few days after an operation and is but a slight oozing, elevation of the part, the application of cold and pressure by a bandage may arrest it. If it do not, the flaps must be opened and the bleeding vessel sought for and tied, and if this will not cause the hemorrhage to stop the part must be cauterized or the main trunk of artery ligated.

Thesis

Carcinoma of Alimentary Canal, with Cases.

R. B. Warfield

1884.

[illegible] of
cancer. Willis case.

[illegible]
[illegible] of the [illegible]
[illegible] occurs quite frequently
[illegible] the seat of cancer
[illegible] organs [illegible]
[illegible] fatty, the [illegible]
sound, while the large
[illegible]
[illegible]
[illegible] spread, the [illegible]
[illegible] The largest [illegible]
the alimentary tract
Scirrhus in any situation;
Med. [illegible]

[illegible] and [illegible] occasionally [illegible] life [illegible]. A [illegible] is probably the most frequent [illegible] growth [illegible] the [illegible] according to the depth of [illegible] [illegible].

The causes of [illegible] of the alimentary tract, are as [illegible] in the [illegible] [illegible] [illegible] case it [illegible] to be [illegible] of a notable example the fallen of Napoleon, his sister & himself died of the disease, but their influence [illegible] not probably [illegible] for authorities differ much as to

[illegible] cases which have come under my observation [illegible] have
[illegible] [illegible]
[illegible] the history was incomplete
[illegible] [illegible]
[illegible] [illegible]
[illegible] [illegible]
[illegible] [illegible] [illegible]
heart-pericardium or the integuments
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

[illegible]

[illegible] of the strong muscular [illegible] on [illegible] of the lower third of the [illegible] are supposed to be particularly liable to cancer of the oesophagus [illegible] appearance. [illegible] growth of the alimentary canal although [illegible] as tumors by [illegible] spreading transversely, thus while they may not extend far lengthwise, or their growth scarcely exceed [illegible] inches in length, they [illegible] stricture by encroaching the lumen of a relatively [illegible] they may attack. In carcinoma of the oesophagus usually of the

secondary or epithelial type
the upper & lower lids are
the most common sites of the dis-
ease the middle third being
but rarely affected. The whole
circumference is usually involved,
& we have a stricture. Pain
may result in three cases either
from ulceration, from difficulty
in swallowing, stiffness of neck &
wound; from hemorrhage caused
by the cancer perforating some large
blood vessel occasionally when the vertebra
or bone from the tumor bounding
the neighboring structures being
involved in the disease.
Cancer of the tonsil most fre-
quently affects the palatine tonsil

the small curvature, then the cardia & finally the greater curvature. Cancer of the stomach [illegible] greater, & those of either end invariably cause stricture by their transverse growth. Cancer of the cardia generally involves the lower third of the oesophagus. Cancer of the pylorus is often stenosis, circumscribed. The most frequent form of cancer of the stomach is scirrhus next medullary & sometimes colloid, these forms may be combined. The scirrhous form begins in the submucous layer, forming either flat circular masses or tubules.

[illegible]
hardness & of a dull white colour.
The mucous membrane soon ulcerates
with the growth then softens &
sloughs leaving the whole
surface of the cancer exposed.
The muscular coat is usually hy-
pertrophied although from pressure
it may atrophy. The tumour
itself is thickened & cloudy & may
be the seat of local pain or
troublesome difficulty. So
soon in being softer from the
point, bones have been subjected
& prevents our seeing the so called
cancer growth. The form of
may repair & prepare such the
stomach as soft bleeding tumour

[illegible] of the [illegible]
when most of leaves are [illegible]
[illegible] with cauliflower edges.
Second, some of the [illegible]
[illegible], a diffuse [illegible]
[illegible] to commence on the side [illegible]
and, but [illegible] in [illegible] [illegible]
[illegible] of all the [illegible], the [illegible]
[illegible] will [illegible] become thickened
to the extent of half an inch,
[illegible] takes place here as
[illegible] from the [illegible] and
become deep [illegible] material
is substituted below for the
destruction of tissue above.
In many of these forms the [illegible]
[illegible] organs are [illegible] to
[illegible] [illegible] on the [illegible]

The pancreas, liver, & lymphatic glands as well as other parts of the intestines are [illegible] or all from [illegible] double hernia. The stomach is right to force and attachments & be found here in a false position if this does not occur the adhesions may extend to the pancreas & bladder as well as form infiltration of these membranes.

The consistence appearance of tumors of the intestines is not [illegible] particularly from that of the cancer known as the stomach or esophagus. The tumor [illegible] towards transverse colon [illegible] as well as [illegible] & [illegible]

[illegible]

If this [illegible] by the [illegible]
it is often felt as a tumor
in the [illegible] of [illegible]
[illegible]. Pressure of the
[illegible] can be felt by digital
[illegible] & seen by means of a
speculum. The appearance is [illegible]
[illegible] being a [illegible]
[illegible] mass. The patient usually
does complain of pain & [illegible]
[illegible], though here as in the [illegible]
[illegible] fatal perforation may be
set up by deep ulceration.

Symptoms.

The symptoms produced by cancerous
tumors grow the very [illegible] according
to their situation. The [illegible] of the

[illegible] the patient [illegible] as
first called the diffusing or dialy-
lyzer, which is [illegible] generally
spoken of. Chemists generally
know a great deal about the
phenomena of osmose, the pa-
ning there is trouble in the
[illegible] and [illegible] the
[illegible] solid portion separated
and liquids constituting the sole nour-
ishment when other stage arrives
[illegible] and [illegible] difficulty [illegible]
[illegible] [illegible] [illegible]
[illegible] the [illegible] becomes impos-
sible [illegible] the use of the [illegible]
[illegible] becomes [illegible] the [illegible]
[illegible] [illegible] as a [illegible] [illegible]
used, on account of the [illegible]

[illegible] completely worn out [illegible]

[illegible]

[illegible] becomes [illegible]

[illegible] completely [illegible] it

[illegible] for the [illegible]

[illegible] of cancer of the alimentary canal, has brought [illegible]

[illegible] an extreme [illegible] emaciation

[illegible] the patient becomes very weak, [illegible] death occurs [illegible]

[illegible] in other [illegible]

[illegible] of the [illegible], [illegible]

does not occur at a rule until
one, two or even three hours after
food [illegible]
effort is made by nature to force
food out of the duodenum. The
value of the effort as a restorative
[illegible] of the stomach
has been overestimated as to quick
symptoms, still it is important.
[illegible] and by repeated [illegible]
we relieve such a gummous mass.
Hepatic hemorrhage is not uncommon
[illegible]
[illegible]
particular symptoms [illegible] frequently
[illegible]
[illegible]

[illegible]

[illegible] position [illegible] of the small curvature [illegible]

[illegible] the pyloric [illegible]

Cancer of the pylorus can usually be felt towards the left side of the position of the stomach be normal. Sometimes however it is [illegible] down towards the umbilicus usually somewhat above & to the right. In many cases the tumor [illegible] movable from the pressure of the [illegible] [illegible] [illegible]

[illegible]

[illegible]

[illegible] in which the duodenum is involved in which case we have gain the differential diagnosis is however not important, the

treatment being the same.
The [illegible] usual
seat in the lower [illegible] of
[illegible] other neighbouring
parts. With the exception of
the [illegible] the [illegible]
[illegible] is [illegible] affected
with the disease when [illegible]
that portion of the bowel
round Peyer's patches, including
[illegible] of the ileo-cæcal valve,
is the usual seat.
Uncontrollable diarrhœa is a
frequent symptom of ulceration
in any portion of the intestinal
canal. The larger intestine
is affected in the cæcum, in
the angle of the ascending

[illegible] rectum, [illegible] the [illegible]
[illegible] fluctuation or [illegible] the rectum.
The tumor can sometimes be
felt through the abdominal
walls, & if of the rectum may
be examined by digital touch.
In cases of the rectum, intrusi
pain & pelt [illegible] [illegible]
with time. Almost constant
[illegible] of the pelt with [illegible]
[illegible] rather [illegible] time to
time [illegible]. It should
be remembered that perfora-
tion may occur in any part
of the canal, as the result
of the cancer, and as a [illegible] cause
death from peritonitis, or fora-
[illegible] [illegible]

Diagnosis

Carcinoma of the oesophagus is to be diagnosed from other sources of organic stricture. Thoracic aneurism, may by pressing on the oesophagus give rise to symptoms closely simulating carcinoma.

Thyroid or other growths, neighboring cancers or very rarely, fibroid tumors of the oesophagus, may under some circumstances be very difficult to distinguish from the subject under consideration.

The history of the patient, the presence of a growth in the oesophagus, as found

by the flexible tongue.
Since the cancer is usually of the epithelial type, epithelial growths may on the surface, it should be sought for by these means the growth can generally be diagnosed.
Acute inflammatory stricture such as is caused by swallowing hot or corrosive liquids may be easily distinguished. The chronic growth, the age of the patient, from 40 to 60, & the presence of the characteristic cachexia, are diagnostic symptoms.

In the abdomen the presence of a tumor is very important, & if this can be felt through & measured the diagnosis is nearly certain.

The result, in cancerous ulcer of the stomach contains the ferment pepsin, & pure blood, coffee ground expectoration. The pain in cancer varies according to its situation under of growth but is usually of a dull aching character.

In some cases however the diagnosis can not be made when we have as obscure lesions here as elsewhere

carcinoma of the stomach may in the early stage be confounded with chronic gastritis or ulcer. Gastric ulcer also may be mistaken for cancer but the prognosis is generally much more favorable & the duration of the disease longer in ulcer than in cancer; thus if it may last over a year, cancer very rarely does. So to the ulcer is most common in the young, cancer in middle life.

The stomach may be mistaken for other organs. Cancer in cancer of the head, neck & breast is very diagnostic of cancer.

Prognosis

The prognosis of cancer in the alimentary canal is uniformly unfavorable. Reasoning on out of the question & we have no right to expect it in any individual case. The average duration is about a year often shorter & occasionally extending beyond two years although we may palliate symptoms & in some cases prolong life, death is inevitable either from the local effects of the growth or from some intercurrent affection influenced by the cachexia & debility & cachexia usually present

Treatment

The remedies used in the treatment of cancerous & other malignant intestinal tract may be divided into two classes. 1st Those which are supposed to act local or at least exert some influence over the disease. & 2nd Those used to palliate symptoms. At the top of the first list, stand arsenic, which is claimed by Fullerton & others, in many cases to retard the malignant growth. Doses of these authors it should be given in small doses, 2 or 3 gtts. daily at first, & by

continued. Carbolic acid & iodine have been used for the cancer for years & in some cases with apparently good results. Iodine, which for a time attracted much attention as a remedy for cancer, has of late fallen into complete disuse. Dr. Clay & others have recommended Chian turp. but as yet, its good effects are not marked. There is no specific for the disease, none of the above remedies or many others which have been used from time to time, have cured the disease & hence remedies of this class are of doubtful

importance. The use of the range in cases of the alimentary tract, while not indicated of, is probably as yet unjustifiable.

Collective treatment. On account of the exhaustion & anæmia which are always present, tonics are indicated, the best of which are probably iron & quinine. Stimulants are required in the latter stages whenever or brandy may be given in milk, or the best wine such as port or sherry may be used. The diet is most important, the best single article of food is undoubtedly milk

whole in some cases of œsophageal stricture can be swallowed when even water is regarded in the case under my observation until will a little clinker constipated almost the sole nourishment for several months before death. In cases of the stomach & intestinal canal, blood, evacuations fæcal should be used with whole may be combined peptone or peptonized emulsions to facilitate digestion. According to Flint bullimia is sometimes hysterical. Also may strong ulcer the pain of [illegible]

relieved by opium to which may be added Cannabis indica (Tagetes). not only does opium relieve the pain, but, when obstruction exists, softens the constipation & promotes the more ready passage of food.

When constipation exists it should be given & over cauliflower vomited. more frequently an enema is required. such as an opium & bicarbonate or aloes, or the vegetable purgative.

Ergot hypodermically is valuable to restrain hemorrhage when it occurs in the course of the disease. very thin blood makes the patient should be avoided.

Cases.

Case 1st J. V. T. age 10 well healthy
Family. Father died of [illegible] subject
to spasms at intervals during
life. In Oct 80. first noticed
some difficulty in deglutition
due as he supposed to cramps
and this trouble gradually
increased until [illegible] yr
when the man complained of
a lump in his throat low
down the left side. This proving
to be a cancer of the oesophagus
that hope he was put on to
iodine treatment & chromic
washes given for a coexistent
pharyngitis. Tension [illegible]
deep into flesh [illegible]

[illegible] Highly [illegible], [illegible]
[illegible] eat but [illegible] [illegible]
[illegible] [illegible]. During the [illegible]
swallowing solid food became
impossible & afterward water was
with difficulty taken. At this
stage milk could be swallowed
with comparative ease & this with
whisky became the sole nourish-
ment of the patient. Morphia
with cocaine relieved the [illegible]
any thing else induced the discom-
fort. On July the 7th the case
was admitted to the hospital
being unable even to swallow milk.
Rectal alimentation was now im-
ployed for a few days, until
a tube was passed & liquid food

gums. Soon after admission the
cancer by involving a blood vessel
caused profuse hemorrhage
which was controlled by ergot
hypodermically. The urine was
now very scant which continued
until Sept 12 when the tube
passed with difficulty on the
right side of the neck there
was an erysipelas which was treated
with iron internally & local
application of raw cotton. On
the 15th the tongue could not
be passed & the patient sank
dead at 8 pm. The autopsy
revealed the cancerous growth
infiltrating surrounding tissues
left pleura & esophagus well

Case [illegible] — [illegible]
hepatic abscess on right side, [illegible] not
which [illegible] [illegible]
Case 2nd [illegible] age 60. was not
admitted to hospital on 4th
intensely jaundiced, with com-
plete anorexia & some vomiting.
Patient very stupid & in drowsy
state in bed, as liver could be
felt as previous history.
The temperature during this time
was remittent with sweating ex-
acerbations reaching for two days
before death as high as 101°
Tenderness not marked during life.
Patient died on the 6th day of
his stay in the hospital.
On post mortem revealed a [illegible]

On opening the body the
cardiac extremity of stomach
with lower part of oesophagus
was found involved in fungous
cancer. Well marked stricture
oesophagus located above
the limit of the pancreas was
also involved. No tumor had
been felt during life, though
cancer was considered probable.

Lefford Ford,

by

R. H. Temple.

Typhoid Fever.

When a medical student is about to select a subject upon which to write his thesis, he is at a loss to know how to begin what he wishes to say. But the beginning must take place before the end. In order to write correctly, we must think correctly, and in order to think correctly, we must try. Therefore try is the motto I shall adopt in attempting to describe the subject which I have chosen. Almost every known malady has already been described very minutely by numbers of our best authors and teachers.

And we as medical students must begin to think, investigate and observe for ourselves, in order to continue the advancement of the Medical Science.
Work with untiring diligence for the advancement of so noble a profession; one which deserves the undivided attention and closest observation of her followers.
Most other names that have been given to typhoid fever may be objected to; on account of their conveying the wrong impression as to the cause of the disease.
The name typhoid being generally adopted, on account of

the resemblance which it bears to typhus fever.

As regards the anatomical changes which take place during the career of the disease they are oftentimes numerous important changes taking place in various parts of the body.

The most characteristic lesions are found in the lymphatic structures of the small intestine. Peyers patches, solitary follicles, and corresponding to these, are alterations in the mesenteric glands.

The morbid process begins and is most severe at or near

the cecum.
The extension of the disease above the ileocaecal valve is variable. In most cases of this fever, Peyer's patches and solitary follicles are involved: but sometimes the changes are more marked in one than the other.
There are four distinguishable stages in the specific lesion of the intestine:
1st A simple congestion and inflammation of the mucous membrane.
2nd Medullary infiltration of the lymphatic structures.
The corresponding peritoneum

may also be congested.
The swelling of the glands are due to the proliferation of the lymphoid cells normally present in them.
This infiltration may terminate in resolution or ulceration.
3rd Do that of retrograde metamorphosis and ulceration.
In severe cases ulcers take the places of the affected patches, and solitary follicles.
Sometimes the slough separates en-masse but more frequently is thrown off in fragments. The ulcers of the solitary follicles are round and

those of Peyers patches are oval.
4th Stage is that of repair which generally commences about the twenty first days of the disease tho' sometimes sooner, and sometimes later.
As a rule the first three stages of this disease occupy about a week each.
There is no direct rule for the duration of the reparatory process in the fourth stage, there being in a great many cases so many obstacles to prevent rapid recovery.
Perforation may occur in one or more of the ulcers being

generally caused by secondary ulceration after the separation of the slough; or can occur distended intestine from any cause; as gas; faeces or worms. The perforation may give rise to acute diffuse peritonitis, due to the escape of the intestinal contents into the peritoneal sac.

The morbid process in the mesenteric glands are the same as in the lymphatic glands and solitary follicles. It would be out of the way here for me to attempt to explain all the morbid changes

that are liable to occur during the career of this disease.
The spleen is congested and enlarged; may become three or four times its normal size.
Typhoid fever, like other infectious diseases is accompanied with parenchymatous degeneration of both voluntary and involuntary muscles.
This degeneration is no doubt caused by high temperature and infectious blood changes.
Regeneration of this degeneration always takes place during convalescence.
The heart and lungs; The

the two most important life giving organs of the body, being affected, are liable to give rise to other morbid processes too numerous to be mentioned in these few pages. Typhoid fever is liable to more complications than any other disease.

History and Diagnosis:

It is almost always impossible to make a certain diagnosis during the first day or two after the onset of the disease.

We watch and examine carefully for the signs and symptoms

The fever generally develops slow, reaching its maximum as a rule on the evening of the third or fourth day.
In youth, this fever often resembles common remittent fever, the fever being low in the morning and gradually rising several degrees by the afternoon.
The career of the disease generally comes to an end about the end of the third week; but it has been known to continue six or seven weeks; this is very seldom without some complications for

instance intermittent fever may set in about the time of convalescence.
Oftentimes the patient will be unable to tell when their ailments did commence, so imperceptible is the commencement of the disease.
On this account it is not easy to tell the duration of the prodromic period in every case: but when the fever is established, this period is at an end. Taking it upon an average perhaps when the patient takes to the bed the disease is established.

Of course this is not always the case for some persons will give up sooner under an ailment than others. We have to judge the true time by our own judgment and observation. Very often we do not see the patient until after the disease is fully developed.

The prodromic symptoms are chills or chilly sensations recurring irregularly more or less pronounced; sometimes followed by perspiration and sometimes not. Headache and general mental irritability is common. Bleeding at the nose is very

common, especially in children.
Pain in the limbs, and loss of appetite.
Diarrhoea as a rule is present, but constipation may occasionally take its place.
The patient has a general feeling of malaise, and after a shorter or longer time is compelled to take the bed.
Of the above symptoms, looseness of the bowels and epistaxis are of the most diagnostic importance.
The symptoms that go to make up the history of this

disease, after the prodromic period, are those pertaining to the countenance, nervous system, digestive system, urinary system, circulation and temperature.

The countenance is not much changed for the first few days, the face being more or less flushed. After the disease has gone on to the second stage and later the countenance is apt to assume a listless expression, and in severe cases, a lack of expression, and there will be general stupor.

The patient will complain of more or less head-ache for the first five or six days; and may at different periods along the whole course of the disease.

Delirium is most common when present during the second week, or second stage.

Cases differ as regards the degree of the delirium: it may be as slight or it may be a prominent symptom.

It is greater and may be manifested only during the night. In the majority of cases it of a quiet passive

kind and the patient doesn't seem to know or care where they are, or what is going on around them. Violent delirium is a very unfavorable symptom. The patient answers questions in a haphazard manner and you can gain from them little or nothing as regards their illness.

They are very forgetful.

The urine is often passed in bed, not on account of paralysis or weakness of the sphincter vesicae, but to more infirmity of the mind.

True sleep is sometimes marked,

the patient seeming to doze most of the time, but still very easily aroused.
This want of true sleep no doubt weakens the patient very much, and contributes to the delirium and other nervous phenomena.
Picking at the bed clothes and twitching of the muscles of the face, neck and extremities are very unfavorable symptoms. I will not speak further of the nervous symptoms which may appear in severe cases.
The tongue generally presents

morbid appearances.
It may be simply furred, but is often covered with a coating more or less thick, of variable color. Around the edge it is generally red; but the whole tongue may assume a red glazed appearance.
Sordes is apt to collect upon the teeth after the first or second weeks, especially in severe cases. Hemorrhage from the bowel occurs in a small per cent of cases.
When there is a sudden and notable decline in the temperature of the body, you may

expect hemorrhage to follow.
Hemorrhage is sometimes the immediate cause of death.
I visited a patient last Summer aged forty eight years in his second attact of this fever.
He had almost every sigh and symptom of a well developed case of typhoid fever.
From the twelfth to the twentieth day of his attact he was wholly unable to speak or turn over in bed, without being assisted.
Temperature from 101 to 102 - corresponding to morning and evening. On the eighteenth day his temperature dropped down

to ninety five and one half, and remained so for twelve hours, then gradually rose again to one hundred and one.
Contrary to my expectations no hemorrhage followed.
I could not account for the sudden decline in temperature.
On the twenty second day his appetite returned, craving for something to eat all the time.
In spite of all my pleadings his wife gave him some pork and cabbage which caused a relapse of the fever.
He finally recovered tho' greatly to my surprise. I told him

when he could make two marks upon the ground, three feet apart; and jump from one, to the other, he could eat what, and as much, as he wished.

Even for a month after convalescence his appetite was almost astounded.

A second typhoid patient a woman of twenty-eight years came under my observation shortly after the dismissal of the first patient; the two living within a hundred yards of each other. I visited her on the third day of her illness

finding temperature 109½;
pulse 98; marked gurgling,
with tenderness on pressure in
both right, and left iliac
region; tongue moderately coated
with redness around the edge.
Diarrhoea was very profuse,
having an operation every hour
or two. Her only complaints
were severe head-ach, weakness,
and thirst.
Previous history with above
symptoms I could have no doubt
as regards her ailment.
She did well up to the fif-
teenth day of her attack,
at which time her temperature

fell from 101°F. to 96°F.
The decline in temperature was shortly followed by intestinal hemorrhage tho' not very profuse.
I immediately gave her a dose of flid ext. of Ergot and pills of Opium and acetate of Lead.
After the elapse of a few hours her temperature returned to 101°F. and remained so for three days, being followed by convalescence and a conscious appetite. From this time she quickly recovered, restricting her diet for the first ten or

twelve days.

In considering the treatment of typhoid fever, no definite rules can be laid down.

The known resources of therapeutics do not afford reliable means for the arrest of this disease, nor for shortening the duration of the febrile career.

What might be called for, in one case, might be useless, or even injurious, in another case. Purgative is seldom called for, except where malaria exists.

The fever and diarrhoea of

course calls for antiphlogistics and astringents which are to be employed differently in different cases.

When the tongue is thickly coated, it can be very quickly removed by means of small doses of calomel 1/6 gr and Sub. Nit. Bismuth 3 gr. given every two or three hours.

Watch the patient and treat the symptoms.

No solid food during the course of the fever, nor indeed much until several weeks after the patient is able to get out of bed.

If patient needs support, as will be shown by the action of the heart and general nervous symptoms, give stimulants.

I will bring my thesis to a close by giving a few "hints" as regards treatment &c.

Treat the symptoms, and not the <u>name</u> of the disease.

Always bear in mind the necessity for proper alimentation, both as regards quantity and quality, during the febrile career and convalescence. Good hygienical

surroundings, but not much company, nor excitement of any kind. The treatment laid down will suffice until that remedy is explored which will cut short the malarial morbi as genuine in remittent and intermittent fevers. Such a drug in my opinion does exist, and will some day be revealed.

R. H. Temple

Class of 1883-'84.

Graduating Thesis —

Statistics.

L. E. Schmidt.

Class of '98.

Class 1898—97.

Syphilis

Syphilis is the most important of all venereal diseases which can affect mankind, not only from the effects upon the physical health of the sufferer, but from the social consequences that must result upon the health of the syphilitic person. This disease is transmitted from person to person by local contact with the infecting virus, usually transmitted during sexual intercourse, but this is not always the case; for this would indicate that sexual intercourse was confined to the

genitals; such, as we saw,
are each of the human brood
is specially given liability to be
infected with the virus
of syphilis. It always be-
gins with an initial lesion,
which is known as a chancre.
The chancre within itself does
not amount to much; it
has a limited total; such
unfortunately is not the
usual general reactions
that are to follow. Nor are
these latter symptoms
known as constitutional symp-
toms. There is always a decided
period of incubation be-
tween the disappearance of
the chancre and the appearance

of the constitutional manifestations. For ease of consideration the disease is divided into three stages, known as primary, secondary & tertiary. I shall speak of each stage in detail.

Primary Stage: This is the stage of inoculation & the chancre is about the only manifestation of importance that is seen in this stage. It is often of very great importance & sometimes difficult to distinguish between the true or specific chancre & a non-venereal one, called a chancroid, which does not indicate any constitutional trouble. I shall state some

of the most important practical points of the Treatise.

(1) There is always a decided period of incubation between the appearance of the chancre and the coitus at which the chancre was contracted; this period varies from 10 to 30 days; whereas, on other hand, the chancroid has little or no period of incubation, usually appears within 2 or 3 days.

(2) Gland & Bubo frequently contracts infection more than once; but the same chancroid can be inoculated only once.

(3) The pustule of a mercurial eruption appears in 10 days or more after nothing, treated since, or contracted.

3) The chancre has some very characteristic points which can be appreciated by the sense of Touch. It will be indurated which is very perceptible; will be found to be distinct under the finger; will be entirely unconnected with the surrounding tissues & is situated on a non-inflammatory base. The chancroid has no induration, will be inflamed also with surrounding tissues & ulcerated. The chancre has no tendency to involve the surrounding tissues, the chancroid has this tendency.

4) The notification of a change is used among a number of secretion. Exceptions to the rule with a change of body secretion.

5) The change is not incredible, i.e. the proof of the change cannot be obtained with a certain evidence, with reference to a particular change; such as with proof of a change, there is not be one that a person declaring a change can not be incredible a second time, i.e. until he is cured of the constitutional infirmities. The terms, health and sickness are synonymous to change of

4. The sufficiency of financial is well consider & absolutely secretion. It applies to the rule with chances & very scanty secretion.

5. The financial is auto-inoculable, i.e. the two of the financial omnia incubat with a healthy influence, will produce a similar financial; rule so with fever of a chancre, two of which be cure that a fever bearing a chancre can only be inoculated a second time, i.e. only be in case of the constitutional appearance. The terms hard & soft are simplicious applied to chancre & chan-

[illegible]
all analytic forms; [illegible]
[illegible] will find [illegible]
[illegible] the [illegible] [illegible]
[illegible] at the same time [illegible]
[illegible] to be necessary [illegible]
[illegible]. When the [illegible]
[illegible] is [illegible], it [illegible]
[illegible]able; but its [illegible] is [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] to deal with.
If [illegible] the [illegible] is [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]

[illegible] the [illegible]
ing of the inferior glands
is quite [illegible] decreased
with [illegible] The swelling
of these glands is [illegible] minutes
a [illegible]. This swelling is
due to the cancer, giving
rise to a sympathetic inflam-
mation, which, [illegible] ze-
ro, is the [illegible] of
the characteristic [illegible]
the lymphatics. The [illegible]
will always be found in
the lymphatic glands
[illegible] the seat of inflam-
mation. The characteristic
[illegible] is a [illegible]
[illegible] a [illegible]
[illegible] [illegible]

[illegible] barometer. In [illegible]
[illegible] the surrounding
tissues are involved in [illegible]
a thickened doughy mass
in which the glands can
be distinguished. The [illegible]
of a bronchocele is always a
distressing one, if such
[illegible] will cause
[illegible]. With a
[illegible] following a [illegible]
[illegible] with different [illegible]
of [illegible]. The glands will be
distinct from each other
[illegible] under the
[illegible], thus showing that
the surrounding tissues are
not involved. Cystic tumors
[illegible] are [illegible]

[illegible] they [illegible] [illegible]
[illegible] an unfulfilled availability.
The kind of a [illegible] is only incredible as with the diamond.
With a chance the colour may undermined as with the diamond.
The size of a chance is of interest; [illegible] most often found about the genitals, also at times on the lips, caught from [illegible] [illegible] with [illegible] to about the mouth, also on nipples from [illegible] [illegible]; between fingers, nose, tongue, &c. [illegible] surface [illegible]

Thus treated by other

This regimen more or less
affected with the syphilitic
virus. No matter how syph-
ilitic virus pains induced is
from primary period, chancre
syphilitic, blood, if always be-
gins with the chancre, the
virus pains enhance.
Both the chancre & chancroid
are liable to complications
the bubonic are the phi-
mosis & balanitis. The
danger accompanying these
complications is made with
the chancroid than with
the chancre from the fact that
the chancroid tends to pus
more inflammation.

Realization of Peace comes
with from the fact that it is
due to constitutional debility
caused by alcoholic excess,
a cause of mental disease. In
this the realization becomes
deep. The indignation gives
way to pity. The secondary
symptoms following fraternal
are all the more severe and
rebellious to treatment.
You will sometimes meet what
is called a "mixed case." This
term is misleading; it may
mean a double case; it is
not a mixed at all, usually
means that a syphilitic
virus or chronic lesion
gained entrance about

at same time in the individual, the same disease may occur at same time, chancroid in a day or two & chancre sometime after the 10th. If the chancroid doesn't disappear before the chancre makes its appearance, then there are cases in which appearance of a chancre, the extension of erection, inflammation, swelling, bubos, bacilli, &c. The two diseases are entirely distinct in the other order.

Secondary Stage. There is no marked period of incubation between secondary & tertiary stage as between the primary & secondary

stages, for many organs of the same symptoms are seen in both stages; especially among these are the affections of the nervous system.
The greatest distinction between the two stages is that during the secondary stage the affections are more superficial & more amenable to treatment.
The secondary affections have no distinctive tendency which is so characteristic of the tertiary. Elimination begun during secondary stage is usually more easily effected than the tertiary conditions, for they often

Pretty [illegible] [illegible] [illegible]
[illegible] difficulties.
The time after the disappearance of the primary rash and the appearance of the secondary symptoms, varies very much; average length of time is about 45 days, often occurs before 3, often 6 months, many sometimes occurs as late as 5 years.

Before the appearance of the skin manifestations of secondary stage, patients complain of general malaise, loss of appetite, [illegible] bones, [illegible] headache, usually [illegible] the half of [illegible]

It is a remarkable fact that
eruptions are more apt to
come on at night. Little
time expired till the skin
eruption is first to appear
from as "Roseola." There are
various kinds of eruptions
seen during this stage, but
I shall speak only of the most
characteristic one. The eruption
that appears about the
15th day of disease, is characterized by rose colored
blotches, not elevated above
the surrounding skin,
spread out over the entire
trunk. This next eruption
is attended by pro
itching as a rule. The

and [illegible] of this [illegible]
is to [illegible] [illegible]
[illegible] to a [illegible] [illegible]
to a [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible]. In [illegible]
cases the [illegible] [illegible]
[illegible] [illegible] in this way, but
will be followed by a [illegible]
[illegible] [illegible] [illegible]
[illegible]. [illegible] [illegible]
[illegible] of [illegible] [illegible]
[illegible] is that [illegible] [illegible]
[illegible] through [illegible] [illegible]
[illegible] or segments of a circle
all over the body.

About the [illegible] of the [illegible]
and of the [illegible] [illegible]
[illegible] is [illegible] [illegible]

Tongue. The entire mucous membrane will be affected, will sometimes be painful resembling many cases of the disease. The tissues will be enlarged & can often be felt from outside. Submaxillary & cervical glands will be enlarged. The appearance of the teeth will have a very characteristic appearance. Discharge from nostrils, flattening of nasal bones. There are often no symptoms.

Patches are sensitive to pressure & discharge. Tuberculosis a tendency to production of nasal mucosa

will often intervene with their circulation & impair the voice. A continuous infiltration of lymph is often found during this stage & has the result of rigidity tissue if not treated. During this stage we often have the delusions of grandeur. The digestive organs of the body. Among other of tertiary lesions also may be mentioned Iritis or inflammation of iris. This inflammation is apt to involve the choroid & cause damage irreparably.

Tertiary Stage. It is very hard, in fact impossible, to draw a distinct line be-

trouble the secondary stages. The trouble in this stage is principally connected with the nervous system of the brain.

We find associated with cerebrospinal epileptiform seizures of a light & transient character, but if disease is uncheked they will become more frequent & embarrassing to patient's mind & finally dementia. We often find associated with late stage of syphilis paraplegia & hemiplegia. These are always gradual in their march. In this stage we find paralysis of certain groups of muscles.

The affections of the bones are almost always secondary to the tissue, resulting in necrosis.

Treatment.

Treatment for the disease should be cleanliness above all. The discharge will generally result in a perfect cure as far as disease is concerned. As a rule a sinus should never be cauterized. Potassium zinc, or nitrate of silver, locally is excellent treatment. Carbolic acid (gr. ss to ℥j) or lime or alum is also good application.

Regard is to be paid to the treatment of the

[illegible] nothing in the whole
range of the Materia Medica
will take place of it. Unfor-
tunately mercury has been
abused in its use, but nevertheless we can't do without it
in treating this disease.
Begin the routine treatment
by putting your patient in
good state of health; good
bowel, regular bowels, &c.
Treatment must be adapted
to each individual case
Best to begin with general
drees diseases [illegible] treating
by arrest or cure the health of
the dog, when the general
form of the complaint can
[illegible], then [illegible]

For cancerous gradations the nitrate of silver treatment will be about all needed.

In the tertiary stage a more intensive treatment will be needed. This consists in combination of Iodide of Pot. & Mercury. Numerous symptomatic treatment. The large doses of Iodide of Pot. will be needed; from 20 to 60 grs. daily.

The corrosive chloride of Mercury is the salt of choice usually combined with Iodide. In patients with idiosyncrasies as regards mercury by mouth, inunction & fumigation are useful. The prognosis of syphilis is [illegible]

rounds if taken under treat-
ment in early stages. If patient
undergoes active treatment for
2 years without return of symp-
toms he may be regarded as
cured & be allowed to marry, but
even then sometimes, but rare, he
may have return.

Respectfully submitted
to the honorable
Faculty of Univ. of Med. &c
A. R. Kearsley.
Petersburg,
Virginia

Session 1883-84.

Thesis.

Diphtheria.

D. H. Chal

1884

Diphtheria.

Synonyms - Pseudo-membranous Angina, Putrid Sore throat, Diphtheritis.

Dr Roberts Bartholow, a bright light in medical science, & a former graduate of Maryland University, in his standard work on Practice, defines Diphtheria, as, "an acute, specific, contagious, disease beginning by an infection of the throat, & characterised by a local exudation & glandular enlargements, systemic poisoning & having for its sequelae, various paralyses".

The laity consider Diphtheria peculiarly fatal in its results, &

a disease comparatively new to the Medical fraternity.
In both of which they are, like in many other things, to a great measure mistaken.
While it has only within the last sixty years been known as Diphtheria, first so named by M. Bretonneau, of Tours.
It has for centuries been described under other names, by various Medical Authors of different countries sufficiently clear for us to know that it is not new, but a trouble to which our kind has been afflicted, at times, for ages past.

As we have intimated, it appears in localities more or less as an epidemic.

Its first appearance as such, in this country, was in California during the year 1856, making its appearance a little later in some of the Eastern States. During the Winter of 1880 & 81, New York, & Brooklyn, suffered terribly from its ravages. The death of Washington, with others high in social & political esteem, was said to be due to this disease.

While Diphtheria is a disease liable to attact those of any age, walk, or condition, in life,

it is undoubtedly more especially a disease of childhood, generally occuring between the age of two & ten years. It is said, to be very seldom during the first few months of infant life, though cases are recorded, by eminent medical practitioners, in which it has occured, during the first few months, or even weeks, of infancy.

Cause.

Diphtheria, as the definition states, is considered contagious, & most undoubtedly eminently so, as shown in many cases

in which Physicians, Mothers, nurses, & others, have lost their lives by devotion to the sick, inhaling their breath, which contains the poison arising from the exudation & secretion of the fauces. The death of Princess Alice, of Hesse, attributed to kissing her sick child, is an example of this.

It prevails both as an epidemic, an endemic, & also occurs sporadically. It has been claimed that the materies morbi of low forms of fever favor the developement of this diphtheritic poison, & that

it at times occurs as a complication of these troubles.

Like all other diseases of this kind, any bad hygienic conditions of surroundings tends to greatly favor its development, & spread.

From statistics, it seems to be more prevolent in Winter & Spring, though liable to occur at any season.

It differs from most contagious diseases, by one attact not giving immunity from another, though an interval of some length, generally intervenes.

The period of incubation is placed at from 2 to 10 days, from first reception of poison.

Anatomical Characters.

Diphtheria is now considered not only a local, but a Constitutional trouble.

Close & minute investigations go to proove, that it is a poison, supposed to be propagated by a specific germ, a minute organism of the bacteria group, held by some to be the sphaera-bacteria, or micrococci, division of the Schizomycetes, effecting a lodgment on any abraded or mucous surface,

most generally tonsils, pillars of fauces, soft palate, & pharynx. This, after a certain amount of inflammation, shows itself as a fibrous exudation, on, in, or among, these mucous surfaces, as false membrane, which appear on the surface at first as a faint grayish white pellicle. These specks may be very small & thin, no larger than pin heads, but soon increase in number, extent, & thickness, until large flakes & patches of this false fibrous exuded membrane is formed.

Hartshornes essentials, page 426, under the head of Morbid Anatomy, speaks of the fals membrane thus. "Minutely examined, the fals membrane is found to vary from 1/20 to 1/8 of an inch in thickness, & to be fibro-laminated, i.e. of layers of fibrinous network including epithelial cells, & having on its free surface, exudation corpuscles, or pyoid globules, & granules, these forms appearing to be only stages of degeneration. No process of organization, or development occurs in the mass.

it is aplastic, In some cases only a granular superficial infiltration of mucous membrane is observed, without even distinct fibrillation".

This ulcerative process, when allowed to proceed in its worst forms, extends deeper & deeper into the tissues, causing local death, & gangrene, of the parts.

The entrance of the poisonous germ into the circulation, interferes with the normal functional performance of all the important organs in their necessary work, & may even cause death, without showing external manifestations.

varieties, It has, by different authors, been divided up into several varieties, but for our present purpose may be comprised under three headings, viz, Simple, Ulcerative, & Malignant, or Gangrenous.

It has been said that cases affected at the beginning of an Epidemic generally proove more severe & fatal than those at the abatement.

General Symptoms, It is a mated fact, that often

the premonitory symptoms of a very grave, or even fatal, attack of Diphtheria is so slight as to raise but little anxiety, or apprehension, on the part of the parents, or friends, of the party affected & medical advice not sought after, until it is often too late to be of service.

These premonitory symptoms are not very distinctive, but are generally such as, slight cold, often chilliness succeeded by moderate feverishness, languor, head-ache, some pain in limbs, or body.

impaired appetite, with tenderness, or sensation of fullness, in fauces.

These symptoms are common in a great many other diseases, as well as Diphtheria, & in this disease all may be, or any one of which may be, a great deal more severe, or even other symptoms altogether, appear, but as it is a general disease, accompanied with local manifestations, mostly referable to the throat, the character of which we are acquainted, with, naturally await their appearance.

to confirm, beyond doubt, our suspicions, that is in lieu of an epidemic, a special cause, cause that produce it. We also might mention, that along with developement of local symptoms, the general disturbance is greatly increased. Dr Roberts, in speaking of symptoms, 3rd American Edition, page 201, says, "The symptoms of the developed disease vary considerably in character, & severity, & that it is important to note, that the gravity of the constitutional disorder bears no necessary

relation to the throat symptoms, while in appearant slight cases, grave symptoms may at any time supervine".

The above are the general outlines of the symptoms of Diphtheria, confirmed on examination, by finding the exuded fals membrane, it being the confirmatory diagnostic point.

Diagnosis.

The distinction between Diphtheria & Croup, is a much debated question, between medical authors, but the diagnostic distinction, made by our able ex-

honored, Prof. of Practice,
Prof Richard Mc Sherry,
to our humble thinking, is
sufficiently clear & explicit,
to guide us in future practice,
Which is as follows -
"Diphtheria begins in fauces,
Croup in larynx.
Diphtheria is asthenic, Croup thenic,
Diphtheria causes sweeing of tonsils,
Croup does not,
Diphtheria is contagious,
Croup is not contagious,
And though the fals membrane
may be of same character in each,
That of Diphtheria is deep,
that of Croup is superficial."

Prognosis-
Considering the above then a mild form, or simple case, of Diphtheria, if the general health, condition, & surroundings, of patient, are favorable, it may yield under proper treatment, when early resorted to, without futher advance, or graver symptoms, but often futher progress marks an attact, & graver symptoms encountered, such as vomiting, hemorrhage from nose, mouth, & rectum, Great dysphagia, soon exists, with enormous engorgement

of Submaxillary, parotid, & cervical, glands. The tonsils, pharynx, & palate, may be covered with this exuded membrane, at first yellowish, but soon becoming ash-colored, brown, or almost black, & of an offensive odor. The tonsils may suppurate, even slough. "In this condition, slow recovery may take place, or which is more likely extend into nares, or downwards into larynx, & trachea, or into eustachian tubes." When this occurs, death is almost inevitable, proving fatal within a short time,

Treatment.

As Diphtheria is a contagious disease, of course all patients affected with it; should be as near as possible isolated, & removed from the influence of bad surroundings, placed in well ventilated, & healthy apartments, kept well disinfected. All vessels, articles, &c, used by patient; should also be thoroughly disinfected, & kept exclusively for their use.

It being a disease affecting the general constitution, as well as showing local manifestations, the treatment

should be both Systemic & Local especially the former. The severity of the different stages calls also for bolder & more decided measures.

Systemic treatment.

The vital forces of the patient should be maintained by good concentrated nutricious food, as milk, beef-tea, egg-nog &c.

Stimulants must be freely used, such as alcohol, Quinine, & iron. These being the one recommended by our highly respected, & most successful Prof of Diseases of Children, Prof W. P. Howard, as well as by

other able practitioners, & writers,
Alcohol seem to be especially
benificial, this being one of the
diseases in which its power
for good in sustaining life,
is most markedly observed.
It should be used, in suffici-
ent quantity and at short
intervals. Quinine, is often
combined with it for support,
but more especially as an
antipyretic, when there is fever,
which is usual. Chlorate of
Potassium, administered with
care, is also considered an
agent of great value. "It has
a curative action on bucca &

pharyngeal inflammations, & is a solvent of pseudo-membranous exudations, It is largely diminated by the salivary glands", consequently acts for a long time on these surfaces. At the beginning of an attack, it is well to give a moderate laxative, as Carbonate Magnesia, or Rochelle Salts.

Local treatment.

The object in this is to reduce local inflammation of the parts, & to destroy the Diphtheritic poison, or germ. Forcible removal of the exudation, false membrane, should not be resorted to.

Steam inhalations, applications by means of the atomizer, of various things, Lime water, chlorate of Potassium, Carbolic acid & various other things have been recommended, most of which are more or less useful.

But the Bichloride of Mercury, in 1/16 gr doses, one half internally, the other half as a gargle, has since its employment been giving most satisfactory results, & is highly recommended to us, as students, by our able instructors.

In some instances operation

of Prachrotomy, in almost hopeless cases, have been performed, by followed by good results, & should be resorted to, when all other means fail.

In trying to comply with the requirements of the laws, of the old & honored University, in applying for graduation, I herewith submit this, - my humble efforts, - at the production of a thesis. Not-withstanding its short comings, its disarticulated thoughts, one with another, trust that it may be acceptable. To one & all esteemed faculty, I am most respectfully, O. H. Wide

Baltimore
Md. U.S.A.

S.C.

Thesis By
John C. Cummings.

Subject
Diphtheria

In compliance with the requirements of the Faculty of the University of Maryland. that each member of the Graduating class. must compose and write a Thesis. before he can be admitted for examination. I therefore fully confessing my inability to add any thing to the science of Medicine. that will enlighten the minds of the medical Profession. attempt a few rude remarks on the Subject.

of Diphtheria. hoping this may suffice. I therefore proceed,

Synonyms. Putrid Sore throat, malignant ulcerous sore throat. Malignant quinsy. Membranous angina.

Definition. An acute Specific constitutional disease, both Epidemic and contagious. Beginning by an affection of the Throat and Characterized by a local exudation and glandular enlargement.

attended with great prostra-
tion of the vital powers,
and albuminuria, and being
followed by its sequelae various
paralysis.
Causes. a specific poison
the character of which is
unknown. It is pruminently
a disease of childhood,
rare in adults. very rare
in old age. It is apt to
recur in those who once have
been affected. all conditions
of bad hygiene increase its

virulence, and favor its diffusion. although the chief cause of its spread is contagious, the poison exists in the exudative and secretions of the fauces and the breath, and floats in the atmosphere at a considerable distance from the original source.

The theory of no Bacteria no Diphtheria is not entirely proven, but in my mind is altogether probable,

The period of incubation is from three to five days.

Pathological anatomy. The diphtheritic inflammation differs from either the croupous, or the catarrhal form in that the exudation is not only upon, but also within the substance of the mucous membrane. At first there is a redness, which may begin in any part of the throat, associated with swelling and increased secretion.

of viscid mucous, the redness spreads over the entire mucous surface, when the exudative makes its appearance. The deposit may commence from one or more points, such as on the Tonsil, Soft-palate, or back of the Fauces, which however speedily extend and coalesce, forming extensive patches, or covering uniformly the entire surface. The patches are of variable thick

ness, which is increased by successive layers being formed underneath,

The color is usually gray, white, or slightly yellow, but may be brownish or blackish. The consistence ranging from cream to wash leather, on removing the membrane which is accomplished with more or less difficulty, a raw bleeding surface is exposed, at times an ulcer, which is speedily

covered with a fresh depo-
sit. if the exudation sepa-
rates itself. it is either
not removed atall or only
in thinn films.
occasionally considerable
ulceration or sloughing of
the soft Palate. uvula. tonsil
results. or abscess may form.
the exudation of membrane
examined by the. Microscope
is composed of fibrin. pus
corpuscles. Epithelial granular
cells of Bacteria.

of the Larynx, Trachea or nasal mucous membranes participate in the disease. The croupous and not the Diphtheritic form of inflammation occurs. The lymphatic glands of the neck are enlarged and inflamed, and contain large numbers of Bacteria, arising from decomposition.

The muscular tissue of the heart becomes soft and is easily torn and its fibrillae are far advanced in fatty

degeneration. Ulcerative endocarditis has been frequently observed. In the more severe forms the kidneys undergoes a granular degeneration. The blood also undergoes alterative being black or fluid.

Symptoms. Following the law of contagious diseases. The symptoms vary in intensity in different cases. The prominent symptoms being often disproportionate to the gravity

of the attack, The invasion may be mild, with rigors succeeded by a mild fever, headache, languor, loss of appetite, stiffness of the neck, tenderness about the angles of the jaw, or slight soreness of the throat. in others cases the invasion is more abrupt and severe, with chillness followed by great febrile reaction ranging from 103° to 105° Fah) or even higher,

pain in the ear, aching in the limbs, loss of strength, painfull deglutition and swelling in the neck, compelling the patient to take to bed from the onset, the appetite is poor, the tounge slightly coated, sometimes more or less exudative extending upon it. The bowels being slightly relaxed or they may be regular. The pulse at first is full and strong, soon becomes frequent,

or slow. but compressible.
The urine is scanty, high
colored, & contains albumin,
The local symptoms in most
cases are associated with the
throat. The patient complains
of a frequent and persistent
desire to hawk in order to
clear up his throat.
On inspection the fauces
are seen to be red and swo-
llen and more or less cove-
red with a diphtheritic
exudative. Sometimes ~~and~~ the

tonsils and uvula are greatly swollen & spotted with exudation, in bad cases more or less ulcerative and sloughing may be observed. not-unfrequently fragments of exudation (the false membrane are expectorated with particles of the ulcerated tissues. having an offensive odor, which is transmitted to the breath. The lymphatic glands of the neck are enlarged and tender. and in —

severe cases the tissues of the neck are greatly tumefied. extension to the nasal cavities causes a fetid and offensive discharge ~~to~~ from the nose, with attacks of epistaxis which in severe forms are almost uncontrollable. Extension to the larynx is indicated by hoarseness or complete loss of voice. Croupy cough and obstinate dyspnoea, which often becomes urgent, the breathing being

noisy and stridulatia, and
subject to paroxysmal exacer-
bations. If the inflammatione
extend to the bronchi the
breathing becomes still more
embarrassing.
uration by Prof Barthalow,
ranges from two to fourteen
days, on an average being
about nine days, although
complications and sequelae
may prolong its course.
relapse are not uncommon
but quite frequent. From

exposure to cold & damp
draughts and impure air,
also improper treatment as
the last but not the least,
important cause of relapse.
Sciatica. By Prof. McSherry,
Dacosta & Barthalow,
Those who recover from a
severe attack remain often
for weeks with a pale and
cachectic appearance, due
to the profound blood alte-
ration
Paralysis, is a most common

sequelae following the mild as often as the more severe forms, usually not occurring untill the patient seems fully convalescent.

Pharyngeal Paralysis is the most common, causing difficulty in mobility of deglutition. Fluids regurgitating through the nose.

Cardiac Paralysis is not unfrequent. The pulsations descending to 60-50 or even 20 beats per minute.

Diphtheretic paralysis may
the motor muscles of the
eye causing Strabismus (or
ia- Squint) or the muscles of
one side Hemiplegia, or
of one leg Paraplegia, and
of the bladder, leading to
retention of urine or diffi-
culty in passing it. (Sensa-
tion is also diminished
in the paralyzed parts)
according to Hammond on
Nervous Diseases

Prognosis. always grave. but more so in children than in adults. Its gravity in a majority of cases is proportionate to the local symptoms. the average mortality is about ten per cent. Favorable cases or indications are moderate fever. strength slightly impaired. a good constitution & moderate exudation.

Unfavorable indications are great depression spreading

exudative, great swelling of the cervical glands, large amount of albumin in urine extension to the larynx and nasal mucous membrane, hemorrhage from the fauces & nose, & an epidemic character.

Diagnosis from follicular ulceration of the tonsils which is frequently termed Diphtheria, by the slight or absent systemic symptoms the ulcerative condition being

limited to the tonsils, often but one, and the absence of glandular swelling & following falsies.
From pharyngitis, by the absence of exudation and loss of facial tissue, and constitutional symptoms.
From Membranous croup by the appearance in the constitutional symptoms, in Diphtheritic of the larynx the appearance is markedly that of Blood poisoning

while in croup all the
signs of depression
are in proportion to the
obstruction to respiration,
in croup the pharynx no
membrane and is but slight-
ly inflamed, a condition
opposite to diphtheria, in
croup the symptoms are
sudden, the opposite in diph-
theria,
From Scarlatina by the
presence of the eruption and
the and the ~~absence~~ presence

of the eruption and the absence of the membrane in the fauces.

Treatment. By Prof. McClung Howard, DaCosta, Barthalow (and a few prescriptions of my own.)

The blood being more or less altered it follows that sustaining measures must be resorted to in all cases.

The diet must be of the most nutritious character from the outset, such as eggs.

oysters broths &c. at intervals of not of not less than two hours, if deglutition is too painfull resort must be had to nutrition by enemata. Stimulents must be used boldly from the onset; gauging the dose only by the effect. to a child two years old from ~~m~~ xxx upward, to an adult almost unlimited only by idiosyncracy. given every two or

(Spiritus Tini galici.)
Tinct Ferri Chloridi. in full doses. frequently repeated have sunce when begun early in the attack to modify the course of the malady besides. besides having the advantage of effecting locally, by coming in contact with the mucous membrain of the throat in swallowing.
Ad Fomenti that I have used in a number of cases is as follows —

Tinct Ferri Chloridi gtts v. x. xv
Potassium Chloratis grij. v
Glycerin m xv, xx
Syrup Zingiberis ℥ i to ij
M Sig in water every three
hours to a child from two
to three hours, two or three
years of age, in the more
severe cases adding acid
carbolic q s for gargle.
Tinct Belladonna. gtts i to v.
Febrifuges, Nitrous Potash,
Tinct aconite Root; Infusion
Digitalis, Cinchona and

its alkaloids are the best.
Quina in dose of from grxv
to ℥j for die according to
age throughout the entire
course of the disease, Calom-
el in small doses in com-
bination with Bi Carb Soda,
until the Bowels become
fetid has a beneficial
effect. a tolerance to
calomel seems to exist in
the disease. Prof McGhee
highly recommends the use of
Hydrarg chlor corrosiv-

formula as follows.

Re Chloride Mercury gr i
aqua ℥viii
Ammonia carb ʒii
M Sig ℥ss use half as
a gargle and swallow
remainder internally, all
must a specific in
the hands of Prof. McClintock
that the febrile symptoms
as they arrize.

Locally Cleanliness of the
fauces of the utmost
importance. and if a mor

irritating disinfectant is added, its value is much enhanced. Dr Barthalow recommends the frequent application of a solution of acetic acid. or Lactic acid. strong enough to taste sour by means of a mop or swab or spray. The following is an excellent gargle. mop or spray

acid Salicylic	gr xx
Glycerin	℥ i
Aqua Dist.	℥ iij

℞ Potass Chloras ℥iv
acid carb grij. iv
Tinct Myrrh ℥i
Infusion Cinchona ℥iii
M. Gargle or Spray.
Inhilations of aqua calcis & Glycerine. or carbolic acid. Sponge dipped in hot water. and placed to the angles of the jaw are good, and time to relax in many cases. The temperature of the room should be kept at not less than 60 or

more than 65 far, and
should be kept moist by
steam from boiling water,
if the exudation extends
to the narrices. injections
must be used persistently.
of some of the above-
solutions, or by the solution
of Potassium Permanganate
ʒj to ℥ij water ℥ss to vi.
or the following is good
Tinct Ferri Chloride ℥ss
Aqua Calcis ℥iv
Me fig use as a Spray

Prof. Howard of this University highly recommends the following as a spray or gargle in all forms of the malady, with much success.

℞

Acid Carbolic	gtts vi
Glycerine	℥j
Lime Water	℥ii

℞ or

Lactic Acid	ʒiß
Lime Water	℥iv

use as a gargle every hour with plenty of Milk Brandy &c.

or in other words give the patient fluidity of good nutritious albumen which is not irritating but easily digestible. With these few rude remarks I leave the subject. For further consideration & future study & reflection, acknowledging my inability to do the subject justice.

Respectfully
J. O. Cummings.

Minutes of R. B. Association

for

[illegible]

Feb 19th 1844.

[illegible]

[illegible] produced by [illegible] and [illegible] of the [illegible] occurring effects of [illegible] albuminuria [illegible] and a cold and [illegible] and [illegible] sleep, and [illegible] a [illegible] [illegible] and also [illegible] the [illegible] which [illegible] [illegible] [illegible] [illegible] consolidation [illegible] [illegible] [illegible] [illegible]

[illegible]

[illegible] the remainder
of the year [illegible]
and [illegible] [illegible]
[illegible]
will produce [illegible]
[illegible] abundantly
[illegible]
climate [illegible]
[illegible] [illegible]
[illegible] [illegible]
[illegible] [illegible] Atlantic
Slope and [illegible]
[illegible] Normal [illegible]
[illegible] from malaria the cypress
[illegible] in it having the effect
of purifying the air and vi-
[illegible] all perishable [illegible]
[illegible] is not favorable to the
[illegible]

[illegible]

[illegible] has an [illegible] on producing
[illegible] through I have never [illegible]
[illegible] work [illegible]
[illegible] that is the [illegible]
[illegible] in where Cotton was
not cultivated before and during
[illegible] cotton [illegible] people
[illegible] also that [illegible]
[illegible] the [illegible] inadequate [illegible]
[illegible] of [illegible] that have not been [illegible]
[illegible] more [illegible]

[illegible]

[illegible] the pulse is weak and
[illegible] perations are shallow and [illegible]
[illegible] This condition lasts from
[illegible] minutes to several hours
[illegible] that time the patient
[illegible] temperature rises considerably above
[illegible]

slight [illegible] at [illegible] of [illegible]
[illegible] more and more [illegible] depressing
[illegible] The [illegible] it feels considerably
[illegible] and the heat increases
[illegible] de
[illegible] atoms continue and oth
[illegible] the [illegible]
[illegible] loss of
[illegible] and stronger and [illegible]
[illegible] tight [illegible]
[illegible] [illegible]
[illegible] [illegible]
[illegible]

[illegible]

[illegible] every idea; but while [illegible]

[illegible] a [illegible] Auralion will

probably [illegible]

[illegible]

[illegible] deserve mention

[illegible] of the other series.

[illegible]

patented [illegible]

[illegible]

[illegible] fourth and seventh.

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] beginning of an altera-

[illegible]

Quotidian fever or as it is some-
times termed Bilious fever
is another form of malarial
fever, it is more common in
tropical climates and in
this country it is most
prevalent in the south and
West. Its distinguishing
feature is the character of
the febrile attacks or rather
the remitting or intermission of the
fever. There is a stage of remis-
sion but not of entire absence
from fever as in the tertian
quotidian form. It is more dan-
gerous than the other forms
There is a cold stage but of
short duration and it may
be so slight as to escape
recognition. The hot stage

is much prolonged lasting from six to twelve hours and then passes into the convulsing stage, which may or may not be developed and then gradually coming into the comatose stage. In almost a matter of fact is generally ushered in by a feeling of malaise, lassitude loss of appetite, irregular unrest in the head; though some times it may be sudden. The cases are thought to have three stages and the convulsive stage last from six to twelve hours. The temperature does not reach any greater elevation in this than in other matter but does reach the normal

[illegible] it is called typhoid [illegible] it
the other takes on a [illegible]
appearance. The pulse is [illegible]
the respiration is not much
changed, the [illegible] [illegible]
wakefulness comes and [illegible]
the patient [illegible] [illegible]
into the typhoid condition.
Bristowe "To whom am indebted
for most information on this subject
and" Rosenthal have [illegible] results of
first eight "almost closely [illegible]
only in the type of the [illegible] with
[illegible] fever, [illegible] than with
the varieties of other malarial fevers.
and indeed enteric and hectic
are frequently so many of their
[illegible] termed remittent and regarded
as of malarial origin. It is
certain however that the [illegible]

remotest forms of temperate climates have no affinity with ague. And, on the other hand it is equally certain that there is no essential difference between remittent & intermittent forms of ague.

For not only do they arise from the operation of the same cause and in spite of infinite variety of climate, but their varieties shade into one another by an almost imperceptible gradation, and they pass and with one another or change one another in the same individual.

Thus far we have dwelt on the causes of ague in the temperate zone of the powers of Malaria over but they may vary.

There is a person of this town
known as the Congaloo who
and it is they seem to think
from this may be traced
from the use alcohol taken
daily or into the substance of the
spine the first of these affected
may feel and the third is
generally considered fatal. Prompt
and vigorous measures are necessary
to stop the progress of disease
all depends on my that upon
the occasion I was in Richmond
I had the three Negroes
shot on them a dose of 5 of bin
and a quart of Whiskey and then
placed in warm beds and wrapped
in blankets and then
covered down. There are other affections
[illegible]
but these are enough to show the nature of the disease

Pathology. The pathology of the disease is very obscure. We know that a fever of some kind or other the system and sometimes for an indefinite period and ~~with~~ partial or complete attacks of fever, attended with rapid destruction of tissue, high temperature and congestion of internal organs especially of the spleen. The cause and nature of this action is yet known and it is supposed to act through the sympathetic nervous system. The enlargement of the spleen is considered secondary in nature. The only constant lesion discoverable after death is the enlargement of the spleen. [illegible]

[illegible] as I know of no
[illegible] than that never be-
[illegible] venerable and highly
[illegible] [illegible] of water
[illegible] [illegible] [illegible]
[illegible] in the support.
[illegible] hot bottles sulphuric
[illegible] for carbonate of ammonia
[illegible] [illegible] [illegible] not
[illegible] [illegible] [illegible] hot water
[illegible] [illegible] [illegible] [illegible]
[illegible] usually sufficient. Hot
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]

E.

up strength in by [illegible] to
the nerve [illegible] be loaded with
the products. Beef tea Wine
whiskey brandy &c
Quinine is the surest agent
to use if the stomach can
stand the first two grains
of Quinine it is the best and
10 gr a day will arrest the
attack, given in the morning
blown out the canal by an
enema or purge or both combined
Calomel & Ipecacuanha as to
any impression on the fever
if the patient will expose to
the recurrent attacks therefore
we must keep up the quinine
on the 7th 14th & 21st days
after the paroxysm has
ceased. The paroxysm may

become a habit. The other remedies recommended are Quinine, Opium, Arsenic, Liquor potassii arsenitis in gtt 10 doses Iodine Eucalyptus salicylic acid, Minute of ammonia in 31 to 41 doses. Quinine is second to Quinine and then stand pre-eminent. Four known lessons Florida to be used as a prophylactic against the disease. The best treatment is to give a dose of the Sulphate destroy the germs & the essential element to the use of any disease.

R. B. Anderson jr.

Gift of [illegible]

[illegible] as [illegible] to Therapeutics

Let it not be supposed that,
in so brief a treatise as this,
I shall be able to [illegible] in detail
the various hygienic measures
which are employed to counteract
the action of medicines. What is
however to be insisted upon is
that the physician should not
only familiarize himself with
those [illegible] which [illegible] to
but that in each particular case
with which he is to deal he should
endeavour to ascertain such infor-
mation as he may have occasion
in this line. For [illegible] does not
the doctrine that the effect of
the medicines as well as by the [illegible]
[illegible] of [illegible] [illegible]

time is made a leading study in every public school it is to be feared that we shall never be able to approach anything like the ancient ideal of perfection. "Sana mens in sano corpore." So much by way of a basis for teaching a subject which I think is not sufficiently enlarged upon and which especially with country practitioners is not accorded that prominence which it should. And now, lest I may be thought to digress from my subject, I must leave these general considerations to proceed particular examples. In doing this it would be a waste to traverse the whole field of general disease. At the same

this therefore will serve as typical illustration in regard to what I start out to show, viz, the influence of hygienic measures, alone or either alone or in combination, of most ever. Stated as off generally of the benefit Europe will kept during the last few centuries show a considerable increase in the average duration of life since Sixty years time under improved sanitary regime. We need not be surprised at this when we consider the comparative disappearance of some most mortal diseases. The plague that filth engendered small pox has been almost entirely in Europe after having [illegible]

I believe carried off about one
third of the human race. Cholera
and small-pox, too, have been
visitors of half their terrors and
as has been said, we cannot pre-
vent their occasional outcropping
in our midst by means of cordons
and quarantines we can at least
diminish their frightful mortal-
ity by sanitary police and exclu-
sion of the affected, by procuring
pure drinking water on the one
hand and securing prompt vac-
cination on the other.

Impurities of the lungs. Filth is a
great promoter not only of disease
but of that of the most virulent
description. That good therefore

can be expect to accomplish in a case of typhoid fever with a nourishing and supporting form of treatment such as beef tea milk whiskey gruel and the like so long as the exciting cause in the shape of foul air or drinking-water contaminated with alvine discharges containing the malarial germs of the disease remains in operation?

The chief element in the treatment of this disease must be to ensure perfect cleanliness of air, food and water and of the patient's surroundings.

Test. Another important fact [illegible] is the [illegible]

fected part or organ in ac-
cordance with the law of
nephritis. When we all know that
strights. Cause the action of the
skin having been suppressed by
cold or damp, the kidney becomes
too much congested to perform
its functions properly. In consequence
scanty elimination of urine, dropsy
and uræmia result. Hence in
its relief we strive to ease the
hyperæmic kidneys with the
judicious use of the bath to fa-
vor the cutaneous circulation
by keeping the bowels freely open
in order to divert the waste pro-
ducts into another channel in
finally prescribing to give the kid-
neys as little work of elimina-

how to eat as perfectly, [illegible] the
[illegible] the [illegible] of the
general articles of diet [illegible] as
meat etc.

In certain forms of dyspepsia
where the stomach has been
taxed beyond its limits of endu-
rance by hasty or [illegible] food it
must be relieved not by a sys-
tem of starvation as was former-
ly advocated, by insisting that
the food shall be taken in proper
quantity and thoroughly masti-
cated. Then by giving it only its
due share of labor to perform.
Whatever is as to the value of
rest may be [illegible] for example
[illegible]

fections, in which all needless exci-
-tation and similar strain upon
upon the powers of the lungs are
to be avoided and that too fre-
quent disease brain exhaustion
produced by intense worry and
the anxiety for wealth or social
distinction in which the remedy
is "Brain rest in mediate total
and prolonged,"

Causation. Probably in no other
disease does regimen play so im-
portant a rôle as in pulmonary
consumption. One of the primary
indications in every disease is to
remove the cause. As in the pres-
ent instance this is found to be
idle in those in fine circumstances which

undermine the general health and depress vitality, and consequently in all or almost all the dyspepsias whether there be any hereditary predisposition or not, many all physicians are agreed that the best means of curing the disease is to invigorate the constitution with out doors and active exercise. Change of scenery is also effective, and it is alleged that in cities instances being equal, two weeks spent in the country do more good than six weeks passing inhaleptics. Here, too, preventative

[illegible] must not forget to second his medication with such nutritious alimentation as fats, milk, eggs, starchy food &c, remembering, meanwhile, the value of beef-tea and alcohol as stimulants [illegible] emotions. The state of the mind exerts a powerful influence on the system. Through [illegible] connection between the cerebro-spinal and sympathetic sets of nerves. We may here call to mind the peculiar illusions of one who is awakened from nightly repose by an at-

[illegible] of the nervous. Primarily, the pneumogastric is stimulated, and the action of the heart is impeded [illegible] action sets in the sympathetic [illegible] [illegible] not. Nebuchadnezzar [illegible] we are told by the Scriptures [illegible] [illegible] the attitude of a beast. Modern physiologists [illegible] [illegible] travel in which a person imagining himself a beast [illegible] [illegible]

[illegible]

[illegible] the [illegible] of the statement [illegible]
[illegible] physiological [illegible] point [illegible]
[illegible] second [illegible] to [illegible] verity

It is familiar to us all [illegible] in which [illegible] [illegible]
been averted by news of [illegible] [illegible]
[illegible] by [illegible] of hope [illegible]
[illegible] by the [illegible] implanted
in the administration of the [illegible]
rites of religion.

[illegible] have known to die [illegible]
paroxysms of anger and the [illegible]
[illegible] of the same [illegible] [illegible] the [illegible]
[illegible] has caused convulsions in the
[illegible] [illegible]. We need not dwell [illegible]
the subject [illegible] the [illegible]

[illegible]

[illegible] ded from the sick. One of the most frequent consequences of dyspepsia, is what might be termed a [illegible] of [illegible] — hypochondriasis. Cullen describes it thus: [illegible] taedium vitae, causis nonnullis [illegible] to almost every disease.

Such is "Christian Science," the management of the mind of a hypochondriac is peculiarly difficult. It will not do to tell him as though his ailments are imaginary. You must hear his prescribe for him and assure him that he will be cured provided he gives up your disciples & you can succeed in gaining his confidence and persuading him of this the battle is half won.

The D. C. Thomson's use of food as a cause or a cure of disease cannot be overestimated. Dysentery and diarrhea may be produced by either taking too much or that which is of bad quality. Dr Thomson

[illegible] his much-lauded work on [illegible]
[illegible] refers to the
[illegible] of a chemical with [illegible]
[illegible] to fight the "Blue devils" [illegible]
[illegible] for the possession of the
[illegible] to be owned by any
[illegible] though he may not be a
[illegible] in the [illegible] at time of
[illegible] and a list of formulæ for the
[illegible] of various hygienic
[illegible] from which he can draw to
[illegible] the emergencies of each [illegible]
[illegible] was the remarkable pro-
[illegible] of life in the wake of
[illegible] the beneficial effects
[illegible] not also infer that the fai

[illegible] to
tach of knowledge with respec
to this collateral branch of s
ence if so we may term it.
[illegible] measu
with which we often can not wel
dispense. In a cramp, when reach
apnoea in drowning, immersion of the
body of the child in warm wate
is often called for. So too in ch
a most excellent tonic is the
cold shower bath when not co
train treated by the predisposi
of excessive shock or alarm. E
This however, is accomplished by us
ing tepid or warm water not
first. In many persons who sh
it a tendency to catch cold bat

[illegible] by apprehension, immu-
[illegible] as a valuable prophylac-
[illegible] It may be regarded as a [illegible]
[illegible] when the system is [illegible] by
[illegible] and by the continuance
[illegible] throughout the
[illegible] system is gradually [illegible]
[illegible] to withstand intense [illegible]
[illegible] of cold. To might [illegible]
[illegible] Coup de Soleil, the primary
stage of apoplexy, delirium, be-
[illegible] and a whole host of other
[illegible] in which cold appears
[illegible] tend towards a happy
[illegible]. Considerable importance
must be attached to regular
[illegible] of the whole body, the
[illegible] to be [illegible]

notwithstanding both for the
invigoration of the system
and the prevention of disease.
With infants, however, as most
of them resembling Richard the 3rd
are not born with their teeth cut
and their bodies being extremely sus-
ceptible to external impressions
especially sudden changes of
temperature, washing with warm
water only is to be enjoined.
But I must pause here lest I be
some reminiscence at the expense
of originality. I have endeavoured
in my own feeble way to show
that the duty of the practitioner
is by no means ~~[illegible]~~ when
the pill mass, bolus, mix ture

draught, rapidly depositing vri-
fication. [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]. Although
I have not exhausted my subject
enough has been said to show its
importance. Many medical men
are apt to consider the enforce-
ment of the laws [illegible] [illegible]
as burdensome until they come to
consider the fearful responsibil-
ity of their charge. Nor is sanita-
ry science only worthy of medical
attention in unhealthy conditions
the enjoyment of perfect health
which it induces constitutes a
large share of our happiness. Some grains of tact
may [illegible] [illegible] approach [illegible]

the matter trite old saying—
"cras dum vivamus cras e-
xpectamus mori." That is, to say—
we live happily whilst we
live—for tomorrow we die—in
order that we may live h-
appily let us be healthy.

Sketch

by Rudy Lionel

Laceration of the cervix Uteri.
The cause of, the prevention from & the operative measure for its cure. Prachelorrhaphy

The 1st consists of the separation of continuity of the tissue of the cervix uteri during labor. It may only involve the mucous layer of the canal, the mucous & middle layers of the cervix or all the tissue layers of the cervix. The rupture may be unilateral, bilateral or stellate.
Sir J. Y. Simpson of 1854, 1st called attention to this laceration in 1855; & said it was not always due to mismanagement in labor

at formerly supposed; but its occurrence in primipara was so frequent, that it might be considered as a diagnostic point of labor having ceased.

To Dr T A Emmet belongs the glory of recognizing, & defining the operation. In 1862, by accident, as he admits himself, that he conceived the idea. While treating a lady for granulations of the cervix, he happened to have a tenaculum caught on each side of the cervix — & finding when forward the contraction of the cervix was relaxed & the granulations revealed

The idea to the root in that
tender brain, at the same time
it was planted in good soil
& sprung forth & grew into a
beautiful tree, whose branches
spreading forth, protect from the
heat of the day the tent who
seek repose under its cooling
shade & at night gives a
resting place & protection
to the fowls of the air.
Just so did this idea grow
in Dr Emmett's mind & by
the coordination of his hand
become one of the greatest
operations in gynecology.
By this woman unable to attend

to the district of life & for whose existance is but a torturing made! "as did the Prophet of old: "to rise up & walk", & thank their creator, for his manifold blessings.

The lacerations thus in the lining membrane of the cervical canal, with its reticulated mucous membrane & great number of Nabothian glands. Therefore if it should give rise to any pathological results, we will have primarily the inflamation of the parts; secondarily, those which are more remote

As laceration of the cervix recurs during parturition, it interferes with involution of the cervix & the body.
The degree of laceration will bear some relation to the interference of involution, as some of the results of laceration, we have cystic hyperplasia of the cervical endometrium, which is rich in glands, hypersecretion, granular degeneration & ulceration of the lining membrane.
This condition use to be & is now called by many inexperienced Dr.

inflammation, ulceration of the cervix & treated accordingly by depletion & caustics. Laceration of the cervix does harm without producing quite involution. If we were to sew up every woman just because she had a laceration, we would subject many to useless operation. Therefore an operation should never be done unless we have a sufficient reason.

Causes

Precipitate labor, manual delivery, instrumental delivery, too soon evacuation of the

[illegible], depletion, [illegible] of the
uterus, use of depot, cancer
cervix, section of cervix to per-
mit passage of presenting
parts, cicatricial tissue in
cervix, slow & tedious delivery;
in which the parts become
adherent, hot, dry, easily
friable; a test of the bowels
obstruct.
In precipitate labor we should
control the pains by some
anæsthetic, & rigid os
made flexible & soft by
hydrate of chloral, yet very
[illegible] unless it has been
taken. Unusual delivery by

thumping in the head & bearing
down & extrusion of child
before the os is prepared
for its expulsion, retarded
delivery, also by untimely rest
& exertion, manipulation of fetus,
the should be so carefully ascertained
the integrity of the os at the
perineum. For some evacuation
of water; these should be
preserved until every part is
lax, soft & fully dilated
especially should this be
observed in breech presentations
for lack of expansion the by
an unyielding shaped cervix
is brought down on the os,

Therefore there will be slight dilatation to a first degree, then if the head presented. When the shoulders & head come to be expelled, greater danger of laceration. When the body is out leave as before all to nature until by the pulsations of cord we find interference is needed. If we wish to deliver the body from below, the cord formally flexed on the chest will be extended & prevent the occipito mental diameter, instead of the occipito frontal which is smaller & the cord naturally folded upon the chest will be

[illegible] [illegible] the bladder left
by head or result of [illegible]
[illegible] head & [illegible] will
be an additional obstacle
to delivery, & also [illegible]
the introduction of the hand
to complete delivery.
Rigidity of the OS is left for the
water & hydrate chloral to
effect or Barnes fluid tra-
dilators. Unfortunately use of ergot
& evacuation of the water excite
the uterus to violent contractions
in tedious delivery, in which
the pains harass more &
tire the patient nearly to
death, without producing any

ful expulsive efforts. Slight
tenesmus or urgency to evacuate
& the lacerations it apt to recur
as hard or shrunken and exposed
especially after premature
rupture of water. For the pain
give repeated doses of laudan-
inum gtt x every 30 minutes until a dose
or two taken. This seems to have
a true influence upon the system
that later pains excited.
Hot water injected into the
vagina by the yellow nozzle
tends to relax & excite contractions
When not suspect a laceration
never fail to look for it & if
present make anticipate &

detrimental infection & must
to prevent septic poisoning &
promote healing of the cervical
rent. The horizontal position
should be kept for a month
if necessary, to avoid as far as
possible, separation of the
lacerated edges during the
forward & backward rocking
of the uterus incident to
respiration & locomotion.
Abortion whether criminal
or not gives rise to sudden
expulsion of the foetus &
its appendages in intra uterine
life, the cervix not being
prepared for this expulsion will

is often located.

Primary Metrorrhagia.

When we find that bleeding continues; after expulsion of the secundines & the hand from contraction & retraction of the uterus. Then look for the cause & we will invariably find that the cervix has been ruptured & the bleeding comes from the torn tissues & arteries; especially the circular fibres. You may apply styptics to the os, the vagina & extend a tube down the vagina. The best safest means is to put a wire on the left side - bottom piece.

[illegible] through the [illegible]
[illegible] a [illegible] [illegible]. The [illegible]
may stop hemorrhage but [illegible]
[illegible] the risk of [illegible]
from the [illegible] [illegible]
[illegible] to take place & the
blood not finding a free exit
may accumulate in the uterus
& there cause fresh
hemorrhage be exchanged
for another.

Symptoms; from Secretion
Decidua menorrhagia
metrorrhagia, at every inspiration
a expiration the uterus moves,
hence the cervix becomes gorged
& red by friction. Irregular pains

this region & bearing down
expulsive pains, resulting
caught in cicatrix give rise
to neuralgia; one case
mentioned by Dr Epstein, bring
button of Pf. in which the
patient could be thrown
into convulsions by simple
pressure with finger upon
an angle of cicatrix while
any other point about the cervix
gave no pain. Removing from
the angle a large mass of cicatricial
tissue & introduction of silver
wire gave permanent relief.
Sterility by the secretion of
acid mucus which kills

[illegible] differentiate [illegible] [illegible]
[illegible] preparations.

Diagnosis. Should be made [illegible]
from a specimen & drawn the
parts together to see if natural
cervix is restored. We have to
diagnose this condition from
cancer & cystic degeneration
hypertrophic or malignant
disease. The results from
laceration are as follows
Chronic peri uterine cellulitis
Sub-involution of a part or whole
of uterus, epithelioma of cervix
& vulva, menstrual disorders
nervous & reflex & other states
Degeneration of the glands.

Frequency of uterine
endometritis, usually of
cervix, Dysmenorrhœa, tendency
to abort & miscarry.
Incontinence of urine. Insufficient
recent medical & surgical
indications for operation have
not been carefully made
Diagnosis, Prognosis, preparation
treatment not worked out
sufficiently & lastly, a long course
just having been made.
Indications & contraindications for
vaginal hysterectomy.

Certain locations, albeit if
even demand operation, Mali

the machine have been of it
from a good, by and a thickness
& the fresh sheets by the pile
contents — either of which
which the sheets will keep from
contact. Finally, if any contact
should occur the back from
which the duplicated copy has
been be another damaging
the electrochemically impressed
by collodion, more or less
water or fatty or pasty matter.
as would by the action
produced such impressed
matter of a stain. These
should be removed by hand
the sheet before printing.

[illegible]

[illegible]

[illegible]

First we must have a patient to be operated upon. She must be fetched from some 2 hours before time for operation, & having eaten nothing 4 hours before so that the stomach may be empty

hot water to the amount of some gallons thrown against the cervix will reduce the congestion. Four assistants are required to give the anesthetic one to sponge, one to hold speculum one to warm sponges, repair needles & cut.

Instruments needed.

A speculum

rectangular scissors, tenaculum, needle forceps, long forceps, wire shoulder sponge holders, the best is the long forceps. Sims cervical needle which is round & scooped out on point by which it stays hold better, a double thread is first

through the tube & by which, the will being hooked into, we drawn into position, Plenty of hot water small clean sponges & a lot of clean soft towels.
The woman thoroughly anesthetized is brought down to the edge of the table & put in Sim's left lateral position, Speculum introduced & the cervix drawn down by a piece of silk passed through it. The edges of the cystic drawn forward so as to form a ridge of mucous surface to be denuded. Catch up a fold of mucous membrane with a tenaculum & pare off the surface, except a strip

vesicle is left to form the canal
full surface is denuded of the parts
brought together, pour into such
a kind of cotton & a new
mucous membrane will form.
Stop bleeding by pressure & hot
water sponges. No sutures
are put in 1st at the edge of the
denuded surface. & the parts brought
together. The woman with
drawn with a catheter for several
days & also bowels kept quiet
Cauterized injecting twice daily
& on the eight day if the
parts are firmly adherent
you can take out sutures
& complication should arise like

Peritrichia & cellulites, and

their recordings.

If we have a stellate cicatrix

instead of absorbing the

[illegible] [illegible] [illegible] up

[illegible] [illegible] [illegible] [illegible]

that it is a Bichloride

[illegible]

Bronchit.

Definition – Inflammation of the mucous membrane of the bronchial tubes.

Varieties – Acute and chronic; general and capillary; febrile, non-febrile, and syphilitic bronchitis.

Etiology – Exposure to cold is the most frequent cause of bronchitis. But like pneumonia may arise from irritation, inflammation, congestion, accumulation, or gravitation etc. of solid particles of matter, which act as mechanical irritants and thereby set up the disease. Bronchitis is also a complication or sequela of many febrile disorders.

as regards patient, suffering and infirm long; and also in connection with idiopathic affections especially the heart and kidneys. Also in tuberculous carcinoma, and probably, syphilis, rheumatism and gout may predispose to it. And again either sex may be attacked, though it seems to have a marked preference for those who have suffered from pressure attacks.

Stages. - Ordinary bronchitis is divided into two stages, viz. 1st the stage of <u>desquamation</u> of secretion; and 2d that of <u>accumulation</u> and

pneumonia of it.

Physical signs.- Percussion normal unless there is quite a considerable accumulation of mucus in the bronchial tubes in which case the normal resonance is dull, mostly on the lower and posterior regions.

Auscultation.- In the dry stage sibilant and sonorous rales may be heard on both sides of the chest; varying from time to time in seat character and loudness.

In the stage of secretion we have in conjunction with the sibilant and sonorous

rales mucous rales large and small heard on both sides of the chest. These rales are very inconstant coming and going and changing their situations. In some cases the rales are so abundant as to entirely mask the respiratory murmur. In some attacks of very slight bronchitis there are no distinct rales, but in cases of this nature the respiration assumes a sonorous character. And again in addition to the ordinary signs of bronchitis auscultation discovers, if the disease be extin-

air enough to the vesicles, which are weakened or suppressed, and extend with great rales are heard on the side of the chest accompanied by sibilant rales of a hissing character. If these are abundant, or in the at first the capillary tubes are affected; but they may be present to a limited extent posteriorly owing to the gravitation of fluid toward the larger into the smaller tubes. If these are confined to the base, with dullness on percussion

you may infer at once that it is of bronchial origin.

Symptoms and course. - The symptoms of bronchitis are very much the same as those accompanying fever, viz. the distinctive elevation of blood and these directly referable to the condition of the bronchial tubes and lungs, and to the very heated and dry air, and from mechanical obstruction to the transmission of blood through these organs. In an acute attack

of bronchitis or symptoms of
pulmonary phthisis are always
most marked at the beginning
and exacerbations of the disease
or effects from disappearance
cannot be explained by
other conditions during the
progress of the disease.
The temperature should be in
some case especially of capillary
bronchitis or pneumonia should
seldom rarely exceed 102° F. though
in the capillary forms of pneumonia
it may rise to 103° or even 104° F
with this elevation of temperature
there is at first a rigor or chill
followed by a hot dry skin

acceleration of pulse, loss of
appetite, thirst, constipation
and scanty turbid urine;
he may complain of headache
and febrile pains; occa-
sionally he is apt to be
drowsy, though often wakeful
at night. The temperature
may be subnormal or ex-
ceptionally acute at first, because im-
perfect aeration of the blood
tends to reduction of tempera-
ture; disturbance with the
process of nutrition and
also to enfeeblement of the
heart's action, and the fever

The face, cheeks and lips are
usually a lead hue, and in
addition to this, there is a
tendency to the complaint
of the mental faculties to de-
cline and cease. The head
aspect commence at first
single shot dry and white
like with the redness and ex-
cess of the upper and an-
terior part of the chest;
later on the cough becomes
deep and loose with, or,
notwithstanding difficulty of breathing
increase of the number of
expectoration and on the ad-
vice appearance of the fourth

The various forms of bronchial and expiratory dyspnoea are by thickening of the bronchial mucous membrane or secretion into the tubes. Morbid Anatomy.- Inflammation of the bronchial mucous membrane like inflammation affecting other mucous membranes, is attended with change in their epithelial covering glandular secretion and subjacent tissues. In some rare cases groups of bronchial tubes are occupied by hardened fibrinous casts, which — separation present a branching —

tree like aspect. The vessels
[illegible] congest-
ed, so intensely at times
that it may become the seat
of minute extravasations of
blood, which at the same
time undergoes more or less
infiltration and thickening,
and may acquire a [illegible]
or villous aspect. Thus in
some cases the walls may
undergo gradual removal, the
cartilages disappearing either
by caries or necrosis; the con-
[illegible] lung tissue showing
to a greater or less extent in
the destructive processes, and

the tubes are converted into irregular channels bounded by diseased lung tissue. Ulcerative destruction takes place occasionally from without, as a fungous growth, glandular or other abscess, opening into an adjoining tube. Bronchitis is limited in a large proportion of cases to the tubes of larger or medium size: but consumption affects mainly or entirely the minute tubes. In the latter case not only is the affection marked by greater intensity of symptoms and aggravated danger

to life, but the local patho-
logical changes assume a
more serious character.
The thickening of the mucous
membrane encroaches more
seriously on the channels
of the affected tubes and the
secretions tend to accumulate
in them and hence completely
block them up.
Complications - Asthma, bron-
chitis, bronchial dilatation,
pulmonary collapse. Broncho-
pneumonia is especially com-
mon in early life. Disease
of the heart especially of the
left side is not rarely attend-

by chronic bronchitis as well as by attacks of pulmonary congestion.
Having given a general description of the disease I will now endeavor to point out the symptoms, termination, diagnosis and prognosis of the three principal varieties acute bronchitis chronic bronchitis and capillary bronchitis the latter being a very grave form of the acute.
Acute Bronchitis.— Symptoms.— These vary very much according to its severity and the conditions which cause

or complicate it. In its mildest form it is comparatively a trivial affection. It usually begins in such a case with an ordinary catarrhal inflamation of the upper part of the respiratory tract which travels downward involving first the larynx and then the bronchial tubes. We have lower irritability of the bronchial mucous membrane tickling sensation in the throat and a sense of burning in the chest, coughing paroxysms of which increase very much - the intra

thorax discomfort. There is generally tenderness over the sternum with tenderness and aching of the muscles of the upper and anterior part of the chest. Cough at first dry but in a short time becomes loose attended with the discharge of transparent glairy mucus, which in time becomes opaque and muco-purulent, and then gradually cease and health is restored at the end of a few days or at most after the lapse of a week or two. In more severe cases the

the symptoms are the same in kind but aggravated. The febrile phenomena which either in the other are more intense the cough, pain and tightness in the chest are more distressing and there is more or less of obvious dyspnoea. There may be great afflicted distress when the cough is dry and the mucous membrane swollen, lividity of the surface and the patient may even at this stage die asphyxiated, but this is by no means a

not common occurrence; but more generally however as in the former case, the mucous membrane begins to discharge and the cough is attended with expectoration though it is more profuse than in the former case, and also apt to be stained with blood still it passes through the ordinary phases.

Terminations.- Broncho-chitis may end in death from atrophy in the first or second stage; or in chronic bronchitis, but

most generally in recovery.
Diagnosis. - If we combine the rational symptoms and physical signs there is no possibility of making a mistake in diagnosing an acute attack of bronchitis confined to the larger and medium size tubes. - The most dangerous form of bronchitis is the one we term capillary. It is that form in which the inflammation affects mainly, if not exclusively the minuter bronchial tubes. It is most com-

non in children though it frequently affects persons of old age. The cough which ushers it in is more intense the difficulty of breathing and liability are considerable; the cough however may be much less severe than in other cases and may remain inefficacious and dry throughout during the stage of secretion from the difficulty of dislodging accumulations in the minute tubes and lutherwise there is not so much

ent - those of pain are in violent coughing. The physical signs have previously been spoken of.
Termination.- The tendency in a well marked case of capillary bronchitis is to a dry death from asphyxia and debility, though not necessarily fatal, for we do have good recoveries.
Diagnosis.- This disease may be confounded with pneumonia, but is known from that disease, by normal exaggerated resonance on percussion and by exit

ence of subcrepitant rales on both sides of the chest and by the absence of bronchial breathing. We could readily differentiate had we no other means than auscultation and percussion, but when we combine the cation & symptoms and physical signs we are certain of the diagnosis.

Prognosis. – Acute bronchitis may be dangerous in old persons and young children but seldom fatal in middle and vigorous life.

The capillary form is very serious indeed, especially in old persons and young children, therefore our prognosis should be guarded. Acute lobar pneumonia according to Leibert has a mortality of one in every four cases. The prognosis in chronic bronchitis is ordinarily favorable, so far as life is concerned provided that no emaciation occurs. If there is emaciation, the fatality may be due to tubercles in the bronchial glands.

in lungs and of course in such a case the prognosis is very unfavorable.

Chronic Bronchitis. — Bronchitis may become chronic at all stages and in persons of any grade or society though it most frequently affects those of middle or advanced life and especially is this true of the lower classes. If a patient has suffered from an acute attack of bronchitis and continues to expose himself to the conditions which cause it, the inflammation is very likely to be a stage

and as it is one of those affections which when once having been experienced may recur, tends to occur on the slightest provocation. Chronic bronchitis generally presents a history similar to this: - patient after exposure to vicissitudes especially during winter has an attack of the disease from which he comes in the succeeding spring if not before, provided he is exempt from the causes which lead to it, and consumes barely well until the approach of winter,

when the disease is again contracted from which recovery again takes place. These attacks of winter cough recur annually, gradually increasing in severity and duration, and also the intervals of good health become shorter during each successive interval the cough becomes shorter, until it merges in that bronchitic condition which by this time has become continuous though, probably presenting winter exacerbations. The attack of this kind differs

very little or its symptoms from an ordinary acute attack save the febrile disturbance is not present and that the expectoration is apt to occur and to assume the muco-purulent condition and at the same time to become more or less abundant until the approach of long-delayed convalescence. It is characterized therefore by cough, expectoration and slight or no fever. The physical signs have been previously mentioned. Such is a continued attack.

as these gradually but most certainly lead to some pulmonary lesion, or to those remote lesions referable to long continued congestion of the systemic venous system which follows usually on this disease and [illegible] affections also, but in these prolonged attacks of chronic bronchitis we are apt to have dilitation of the tubes, emphysema, dilitation and hypertrophy of the right side of the right side of the heart. The secret

in [illegible] The subjects differ very widely in some it is so profuse that we give it the name bronchorrhoea and in some others it is so scanty as to be well deserving of the name, dry bronchitis. And in some other conditions, even when no [illegible] condition is present, the expectoration is very [illegible] such a condition is said to exist when there is dilitation of the bronchial tubes or bronchiectasis

Prognosis:- [illegible]

is not [illegible], even by exhaustion; but it last an indefinite time even many months.

Diagnosis.— It is no difficult except in distinguishing chronic bronchitis from phthisis. Here again our physical signs come in most admirably. Absence of dullness on percussion and the signs of excavation are the most important. The expectoration is whiter and of less weight in bronchitis and there is no distinct hectic fever. And again the

temperate does not rise so high in chronic bronchitis as it does in tubercular phthisis.

Treatment.— Bronchitis is one of the most common diseases of the temperate climate and also one of the most frequent sources of incapacity for work and enjoyment of life and besides it being one of the most fruitful sources of death I regard its treatment as a matter of great importance and will speak of it under 3 different heads, Hygienic, local and medicinal.

The Hygienic Treatment. This comprises the keeping of the patient in a moderate temperature, not much below 65°F. and if possible not exceeding 66° or 67°F. preferably confine him to the house or even to one room, you must maintain some degree of moisture of air in the room, the use of baths, the turkish or the hot pediluvium, and be sure to regulate the diet according to patient's capabilities and needs.
Local Treatment. Under this head may be included

the treatment applied to the skin in shape of counter irritation by mustard plasters, blisters, dry cupping and the local abstraction of blood, either by leeches or cupping glasses, or your very medicine to the mucous membrane, by the inhalation of steam either simple or medicated. By treating of bronchitis under these separate heads, I do not wish to say that we must follow those rules as laid down, but that we must adapt them to each individ-

nal case according to circumstances, that is to say we must treat the symptoms and conditions as we encounter them clinically and not according to the name of the disease.

Medical Treatment. - If we see the case in its incipiency it is our part to try to abort it if possible, by giving at night a glass of hot lemonade + 3-5 gr. Quinia + grs. x of Dover's Powder, after a warm mustard foot-bath. For a child, of course you

would have to regulate your dose according to the age. Should this treatment fail or be omitted, a brisk saline purge should be given, say of Epsom or the Rochelle salt or citrate of Magnesia.
In ordinary mild bronchitis little or nothing is needed beyond keeping the patient in a warm room, the inhalation of steam, the application to the chest of a mustard plaster, the use of the hot bath or pediluvium, the relief of thirst and dyspnœa

of mustard by a good deal of drinking, and the internal use of Opium and Ipecacuanha say - Rx -

Extr. Opium grs. ii.
Ipecacuanha " ii.
Make pil. no. 8. one every hour.

or Rx - Solu. aether. nitr. ℥ss.
Syr. Ipecacuanhae ℥ss.
Ol. Ricini, ʒ ss.
Syr. Bal. Tolut. ℥iv. Mix.

Dose, Tablespoonful every 3 or 4 hours, during the day - Dover's powder at night. For a child you must regulate the dose according to the age.

Then if the lungs become hard enough tight, hard cough and great pain and difficulty in breathing you may attract a little blood locally from the surface of the chest. In such cases too counter-irritation and inhalations are of great value. As regards medicines antimony or ipecacuanha in nauseating doses, combined, it may be, with squills, and above all with small doses of opium, and frequently administered, is of great value. A prescription of

this kind I think would be very serviceable in the latter case, say - ℞ -

Tartar Emetic grs. I.
Pulv. Opium " iss
Ipecac. " ii.
Ft. pil. no. 8 -
One every 3 hours.

A large emplasm to the upper part of chest and frictions with oil of turpentine tend to give great relief. When the bronchial secretion is more abundant and muco-purulent you may replace this latter prescription by one

of this kind, morphia, codeine and opium in small doses. There is some danger in giving opium in certain stages of bronchitis, for example, if our patient should show signs of imperfect aeration of blood or when his bronchial tubes are overloaded with mucus. I do not think it prudent to use opium for it tends to check bronchial secretion. In chronic bronchitis, when exacerbations are present the treatment is the same as in the acute affection.

as a whole I would not
venture to do anything to the
chest. Strong
counter-irritants over the chest
say, Croton oil, gtt V to an ounce
sweet oil after nightly
until a slight eruption
occurs painting with the Tr.
of Iodine, or a Burgundy
pitch plaster will be good.
Besides you need stimu-
lative and alterative pe-
toraents and tonics.
Besides squill and digitalis
you may use ammonium
chloride and Cohaiba as
stimulant & expectorant.

Balsamic inhalations are very beneficial indeed in chronic inflammation or irritation of the air passages. If the system is below par, Cod-Liver oil, iron and Quinine are important. The hygienic treatment is especially useful here, and when all medicines fail, a change of air may entirely cure.—

Very truly
L. J. Halter.
University of Md.

Dr. [illegible]

[illegible] Dr.
University of Maryland.
Baltimore.

Feb. 15th 94.